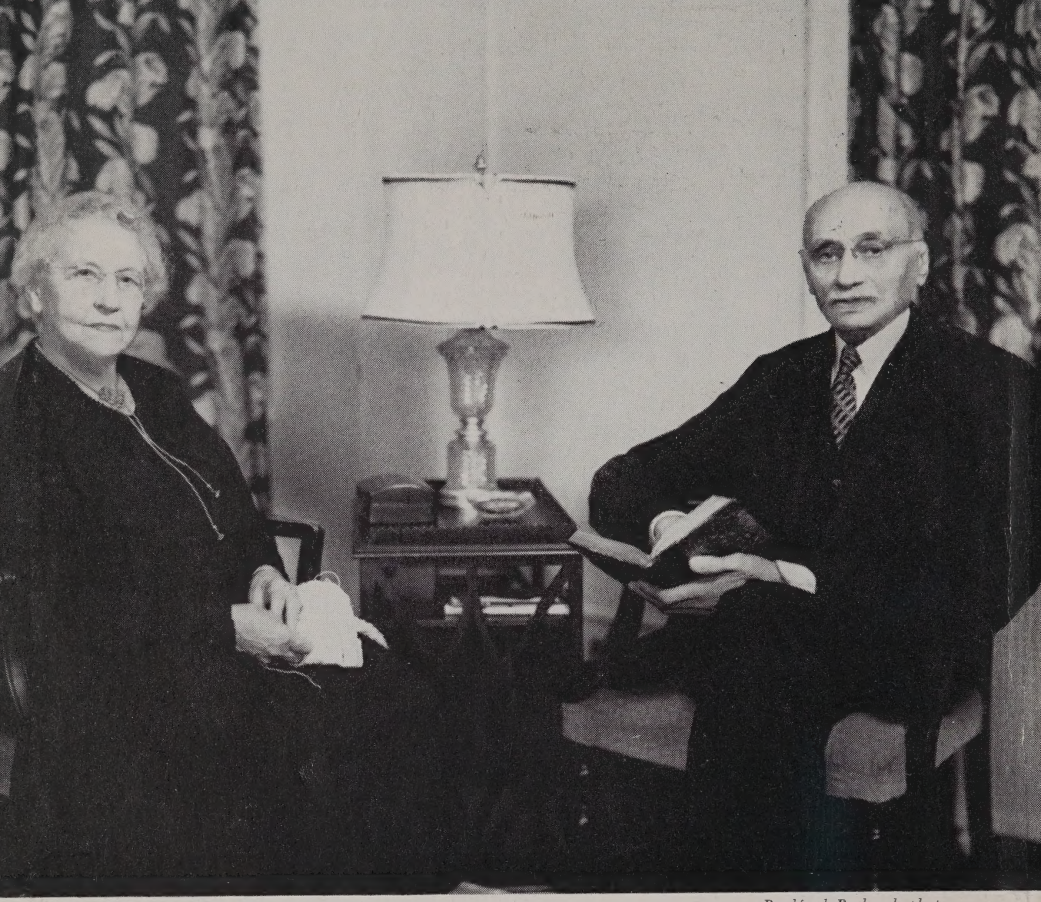
Community Services for Older People

THE *Chicago* PLAN



Bradford Bachrach photo

Mr. and Mrs. William A. Wieboldt, Founders of Wieboldt Foundation. The sustained interest and generous support of the Foundation made possible the first comprehensive study of the needs of the aged in an American metropolitan community.

Community Services for Older People

THE CHICAGO PLAN

Prepared by the Community Project for the Aged of the Welfare Council of Metropolitan Chicago

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Foreword

By Ernest W. Burgess

The proposed Plan for Community Services for Older Persons in Metropolitan Chicago is the culmination of four years of work of the Community Project for the Aged. The Plan incorporates the results of practical experience of research, and of consultation with literally hundreds of Chicagoans who in one way or another participated in the Project.

The history of this Project is very interesting. It began as one of four projects financed by the Wieboldt Foundation of Chicago in commemoration of its twenty-fifth anniversary. The requirement for each of the more than thirty projects submitted for consideration was that it should be addressed to an unmet need in the community.

The problem of the work and the life of older persons in Chicago, as in other communities, was truly one of the unmet needs. It was a need not too well recognized by the general public or even by many local agencies. In fact, until the depression only a few individuals had thought of our older citizens as constituting a problem. But in the early thirties their economic plight was apparent to all. It was publicized by the older people themselves, who rallied behind the utopian Townsend Plan and began to exert pressure upon Congress and upon state legislatures.

Then Congress passed social security legislation in 1935 embracing old age assistance and old age pensions. These measures provided a

minimum of subsistence, which was only a fraction of the amount requested by Dr. Townsend and his followers. Nevertheless, the government, business, industry, and the average citizen considered the problems of persons over 65 largely solved and turned their consideration to other matters.

Social workers, personnel counselors in industry, and others in close contact with older persons knew better, and research findings accumulated on the physiological and psychological changes with aging which pointed to problems needing attention. Social studies of older persons disclosed their recreational needs and inadequate provision for them. Still other studies disclosed the problems of personal, family, and social adjustment arising from aging and the many changes associated with it. Finally, preliminary investigations of involuntary retirement indicated wide individual differences in work preferences. While some were satisfied to give up remunerative work at 60 or 65 years of age, many others were unhappy about quitting work while physically fit; still others were apprehensive of the sudden sharp decrease in income in the transition from earnings to much smaller pension payments.

The Project began its work at the time of national recognition of the significance of problems of aging. The American Geriatric Society, with its interest concentrated on the study of diseases of old age, was formed in 1942. The Gerontological Society, concerned with research on all aspects of aging, biological, economic, psychological, and sociological, was organized in 1944. In August of 1950, the first National Conference on Aging was held in Washington, D. C., under the sponsorship of the Federal Security Agency.

The Chicago Community Project for the Aged undertook a task unique in the annals of social service agencies. It set up four objectives to be achieved in the three-year period: (1) to study the problems confronting older persons in Chicago; (2) to conduct a program of community education; (3) to carry on demonstration programs and to stimulate other agencies to undertake them; and (4) to prepare on

the basis of its research and experience a plan of community services for older people in metropolitan Chicago.

This volume presents material upon all these activities of the Project, although it naturally concentrates upon studying needs and upon planning future services for older people.

The staff and the Advisory Committee of the Project early discovered that the problems of aging had several facets. Each of these constituted a challenge for education of the public, for research, and for service.

First in the consciousness of older people were the double problems of employment and retirement. Men after forty and women after thirty-five who had lost a position found it difficult and often impossible to obtain re-employment. A high but still unknown proportion of persons, particularly men, found it hard to take enforced retirement. Older people could not but realize one of the anomalies of the employment situation. When there is a surplus of labor, older workers are rejected as unemployable. But when there is a labor shortage in wartime or during defense efforts, they are called back into industry. Certainly, as the proposed Plan recommends, the whole problem of employment and retirement of older workers needs restudy and rethinking.

A second problem of acute concern to many older persons is housing. They face the same housing conditions as everyone else but with the added difficulties related to aging. The housing needs of older persons are almost never included in housing plans and projects. Then also too few older persons of independent means are aware of the possibilities of alternative housing arrangements much more adapted to changes in their way of living.

Increasingly with aging, health becomes a matter of concern. Yet only recently has the medical profession and health agencies paid attention to the planning of a health program for older people. Although the life expectancy of men and women at birth has greatly increased, since 1900 by 18 years, the increase in longevity expected at 65 years

is only 1½ years more now than half a century ago. The increase in leisure time with retirement is a most significant factor. Recreation becomes a most challenging area for the expansion of activities by and for older people. A program of recreation, whether planned by a person for himself, by a group of older persons, or by a community agency, should not be thought of as merely a substitute for work. It is rather providing the opportunity for older persons to participate in activities they enjoy and for which they have not had time previously.

Adult education is another field of wide appeal to older persons. In many groups and classes they will wish to participate with adults of all ages, especially where discussion utilizing varied experiences is valuable. Sometimes, however, classes of older persons are to be preferred, selected in some instances with special relation to the subject of the course, such as persons in their fifties who are planning for retirement.

Finally, there is the area of interpersonal relations in the family and with friends. This aspect of the problem of old age is interrelated with all those previously mentioned. It is of crucial importance with aging because of loss of family members and friends by death and by moving away. Counseling services are helpful to older persons in meeting these crises and the conflicts which may arise in relations between the aging parents and their children.

The Project in the short four years of its existence was extraordinarily successful in its program of public education. Some of this was direct, as in conferences of the staff with representatives of all the types of agencies which in one way or another had a responsibility, whether or not previously recognized, for the welfare of older people. Much of education of the public was indirect, as in stimulating the press to report activities and events in this field.

The Project enlisted the participation of an unusually large number of persons. They came from many areas of interest and activity. The Advisory Committee was composed of persons representing the many fields of social work which corresponded with the different facets of

the problem. It also included persons engaged in studying psychiatric, medical, and sociological aspects of the process of aging. Represented also were the boards of social agencies, a noteworthy example being the chairman of the Committee, I. S. Loewenberg, a prominent architect, chairman of the board of directors of one of the homes for older persons and also a member of the board of directors of the Welfare Council of Metropolitan Chicago.

The participants in the activities, conferences, and seminars sponsored or stimulated by the Project were legion. These included men and women from business, industry, labor, the churches, educational institutions, private and government agencies, and the press. Most significant of all was the participation of older persons in various ways; they naturally had a lively interest in the objectives and program of the Project.

The Project had unusual appeal to all who participated in it. It called forth unusual devotion in the staff. It aroused keen interest in the Advisory Committee and its sub-committees. Among the contributing factors, four may be mentioned. It was a pioneering venture in welfare planning. It combined research, service, and education of the public. It brought together people of diverse background and experiences who suddenly realized they had a point of common interest. It dealt with the problem of aging, which included everybody.

During the life of the Project it carried on and stimulated a large number of activities, many but not all of which are mentioned in this report. Many as were the direct services of the Project, those which it stimulated were even larger. Chicago agencies and Chicagoans themselves became old age conscious. The suggestions and proposals of the Project generally met with a ready and enthusiastic response. The services initiated under its own direction did not cease with the ending of the Project but were transferred to other auspices.

The research program of the Project was basic to the preparation of the Plan of Services for Older People in Metropolitan Chicago.

It was an intensive study of 552 older people who had been helped

by Chicago's major family agencies. These 552 people averaged three problems each, problems which were recorded by these agencies. The problems listed run the gamut from those which are readily perceived, such as financial support, employment, health, housing, family relationships, personal adjustment, supplementary services, and personal care, to those perhaps not so obvious to family agencies but just as real, such as recreation, companionship, and planning for the future.

The records of these 552 persons were carefully studied to find out if their needs were met "adequately," "not adequately," or "unknown and doubtful." Further detailed analyses were made of subclassifications of problems and of persons in order to secure data pertinent to the development of a plan of community services.

The proposed Plan of Community Service for Older Persons is wide in its scope. It covers all of their major problems. But it is also as detailed as the blueprint of the architect. It recommends specific services and activities. It names the agencies and organizations which should undertake them. It lists priorities: what things should come first and what, for various reasons, should take second or third place.

While the recommendations are clear and concrete, they are not to be regarded as arbitrary and final. Every agency and organization with a responsibility for service to older persons should accept these as a challenge—and, if possible, improve upon them. The greatest value of the recommendations is in their stimulus to thinking and to action.

The whole program cannot of course be put into effect immediately. But each year definite achievements can be scored. Annually, the progress made should be evaluated and a program of further advance for the coming year mapped out. Over a period of years, impressive advances can be recorded.

The benefits of the proposed Plan are not limited to Chicago. It is just as valuable to other communities. It will require, of course, many modifications of the Plan in order to translate the recommendations into a program of action in other cities. But the basic problems of older persons in all communities, large and small, are the same. The

services required to meet the problems are also similar, and adaptations can be made to meet local situations. This volume will also have a real place in university, college, and city libraries. It will be of great value for use in the courses on social problems in general, as well as in those on gerontology, geriatrics, adjustment in old age, and social services for older persons, which are increasingly being introduced in schools of medicine and social work and departments of psychology and sociology.

One central principle runs through the Chicago Plan. It is the integration of services for older persons within the existing structure of welfare agencies. Naturally and logically the Welfare Council of Metropolitan Chicago is charged with the greatest responsibility of co-ordination, promotion, and leadership in the development of the Plan from a blueprint into a reality. At the same time emphasis is placed upon the responsibility for undertaking certain activities in connection with governmental agencies such as the Illinois State Employment Service, the Board of Education of the City of Chicago, the Chicago Housing Authority, the Metropolitan Housing and Planning Council, and the Chicago Recreation Commission.

The Plan is broad in its scope, concrete in its details, and practical in its assignment of responsibility. Certain of its recommendations are already in operation. Others are in the process of being carried into effect. The momentum generated by the Project should be maintained. The Plan of Community Services for Older Persons, as it is progressively modified by experience, can only be achieved by the full co-operation of all the essential organizations working together: the Welfare Council as co-ordinator and leader, with the private and public agencies assuming their part of the responsibilities—together with the understanding and the backing of the public and the growing interest of older persons in their destiny and their demand for recognition for past services and for the opportunity to make further contributions to society.

Acknowledgments

The agencies and members of committees who co-operated to produce this plan are too numerous to mention. We would specifically like to acknowledge the service of the chairmen of the following committees of the project:

Family Welfare Study Committee	Ernest W. Burgess
Seminar Committee	The Rev. A. J. Munsterman Mr. A. Garfield Stensland
Volunteer Planning Committee	Mrs. Raymond Ackley Miss Alice Treanor
"Fun After Sixty Hobby Show" Senior Employment Problems Committee	Harry Maynard Oliver, Jr.
Recreation Committee	Mrs. Glenford W. Lawrence

We would also like to take special note of the assistance given by the University of Chicago, Loyola University, George Williams College, and the University of Illinois. We received extraordinary co-operation from the public assistance and public recreation agencies of Chicago.

In addition to local people, generous help and information was provided by people in other communities. Among these mention must be made of the continuing assistance given to the project by Miss Ollie Randall of the Community Services Society of New York City. Within our own family we received co-operation from the various divisions and departments of the Welfare Council of Metropolitan Chicago, which was under the direction of Wilfred S. Reynolds during the life of the project.

Finally, this plan would not have been possible without the understanding, encouragement, and support of the trustees and staff of Wieboldt Foundation.

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Introduction

When the Community Project for the Aged was established in March, 1947, it was given three responsibilities: first, to study all needs of all older people in the Chicago area; second, to plan for additional and improved programs to meet their needs; and third, to promote the establishment of these services. Implicit in the creation of the Community Project was the idea that it would produce something in the nature of a master plan for Metropolitan Chicago.

Since work with the aged, on a comprehensive scale, is a relatively new phase of social welfare, neither those who originated the Project nor those who were employed as staff had anything like an adequate comprehension of the magnitude and complexity of the task ahead. It rapidly became apparent that the problems of 420,000 older people, both for themselves and for the community at large, were of such a nature and so numerous that the program of the Community Project could not neatly and chronologically be divided into three periods comprising (1) study, (2) planning, and (3) promotion.

In reviewing the program of the Project, these three elements may be seen to have been intermingled time and time again. Promotional work on some phases (for example, recreation and volunteer service) began almost immediately. Furthermore, throughout the life of the Project, the limitation of time imposed upon the program made an

opportunistic course advisable in taking up various phases of research and planning.

Although locally and nationally work in this field has been tremendously accelerated during the last five years, it is generally agreed that the building of programs for older people in this country is still only in the very beginning stage. It is presumptuous, therefore, to dignify the comments and recommendations that follow with a term which—on the face of it—seems as final and conclusive as a "plan."

It is definitely wrong to take the suggestions presented here as a plan that cannot and should not be changed. In view of what we know today, this is what seems to us to be the most practical pattern that can be developed out of existing resources in the near future. Much remains to be learned, and as the existing agencies become increasingly involved in trying to meet the needs of older people, it is to be expected that the Chicago plan will be modified in ways we cannot foresee.

The basic outline of what should be covered by a community plan was developed by a subcommittee of the Advisory Committee of the Community Project, and subsequently approved by the Advisory Committee. Committee discussion developed several fundamental ideas on which this plan for an adequate community program is based.

We believe that any comprehensive plan must take into account three groups of older people:

1. Persons who are able in mind and body, but who, chronologically, are approaching or are at an age level at which they suffer from community prejudice regarding the nature of aging.
2. Persons who are actually less able because of disabilities which have come with age, but who, through corrective measures, can be rehabilitated to the point where they are capable of living without agency assistance.
3. Persons who cannot be restored to independent living but who require services in order that they may live satisfactorily in view of their disabilities.

It is recognized that these are not hard and fast classifications and that there are gradations between them.

For the Chicago plan to serve these three groups, it is apparent that the community plan should encompass not only social services (very broadly defined) but also such other community programs and institutions as can be directed toward the prevention of dependency and toward the rehabilitation or maintenance of older people who already are dependent in one or more ways.

The second basic idea that emerged in Committee discussion is that widespread community education is essential to progress in this field. We are convinced that only through a positive and continuing process of interpretation will the necessity for securing additional data become apparent and the effective promotion of new services be made possible.

Community education is a logical and necessary accompaniment of the progress which has been made in medicine and in public health and of the educational campaigns which have been directed toward the elimination of disease and the subsequent lengthening of life. The need for community education is doubly urgent because of the economic and political problems inherent in the increased life span.

Our report, therefore, gives first place to a consideration of this subject.

Advisory Committee of the Community Project for the Aged

I. S. Loewenberg, *Chairman*

Mrs. Sena Angerstein
Mr. John W. Ballew
Mr. Ernest Burgess
Mr. Edwin Eells
Dr. Edmund Foley
Miss Virginia Frank
Mrs. Jane Gilday
Mr. James Gilman *
Mr. Ernest Goranson *
Mrs. Elmo Hohman
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Mr. Walter Roy
Mr. Herbert Sieck
Mr. Peter Tarrell
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Dr. Howard Wakefield
Mr. Joseph Walsh
Dr. Jack Weinberg
Rev. Edgar Witte

Ex Officio

Mr. Edward D. McDougal, Jr.
Mr. Wilfred Reynolds
Mr. Robert H. MacRae
Miss Mary A. Young

* Resigned before completion of project.

NOTE

During the life of the Community Project, several agencies were renamed. The Cook County Bureau of Public Welfare (CPW) became the Cook County Department of Welfare and the Chicago Welfare Department (CWD) became the Chicago Department of Welfare. In most of this report, we have used the former names. For the benefit of out-of-state readers, in Illinois the local version of the Federal program of Old Age Assistance is called the Old Age Pension program (OAP). The Family and Child Welfare Division of the Welfare Council is referred to as Division I.

1

Community Education

*"The reflection that what we believe is not merely what we formulate and subscribe to, but that behavior is also belief, and that even the most conscious and developed of us live also at the level on which belief and behavior cannot be distinguished, is one that may, once we allow our imagination to play upon it, be very disconcerting."—T. S. Eliot.**

Modern society displays many examples of the kind of contradiction between professed belief and actual behavior to which Mr. Eliot refers. One of the most tragic—as well as disconcerting—of these contradictions to contemplate is illustrated by our attitude toward the aging process. On one hand, we like to regard ourselves as a kindly people with a good deal of veneration for grandmother and grandfather. We like to believe that the American pattern of old age is a golden picture in which our older people are happily resigned to a secure existence which is filled with innocuous and somewhat childish diversions. On the other hand, if we look at our actual conduct toward older people and take Mr. Eliot's thesis that behavior *is* belief, we might well find ourselves committed to the following strange list of beliefs:

* From *Notes towards the Definition of Culture*, p. 30. Harcourt, Brace & Co., New York, 1949. (First American edition.)

1. Everything young is good; once we pass the full flush of youth, we become increasingly worthless. Therefore it is bad to keep on living if we cannot appear to be young.
2. We want to avoid old people because they remind us that we are getting old. Therefore we should keep them out of our businesses, away from the rest of our family, and away from our church and community groups.
3. It is a good thing to eliminate disease, particularly in young people; it is bad to live a long time.
4. Although everybody gets old if he keeps on living, somehow *I* am not going to get old.
5. To be poor in old age and to need help means that the person did not use his head and wasted his money, and that his family is no good because it does not take care of him.
6. Never hire anyone over 35. People over 35 cause increasing trouble in business. They are less efficient, insist on having their own way, later on become forgetful and cannot keep up the pace of younger workers, and are out sick a lot.
7. We can solve the old-age problem by giving everybody a pension at 65. The old-age problem is decreasing anyway because Social Security is taking care of all the old people who weren't smart enough to take care of themselves.

Absurd though these statements appear, nevertheless they would be a logical series of conclusions for any alert man from Mars who tried to deduce what we believe about old age and about aging from the way we act. These attitudes and misconceptions, along with others, constitute the challenge for community education in this field.

Until these attitudes and beliefs (which run throughout every level of our society) are considerably modified, it will be impossible to restore opportunities for living to the older population of this country on any substantial scale.

Traditionally America has regarded itself as a young country full of young people. Probably the majority of the population still believes that this is true. Among the growing number of people who have learned that this is no longer the real situation, there are still a vast number who refuse to start to work on the concomitant problems with any degree of realism because of one or more of the beliefs listed above.

National pride in our youthful character has been reflected and reenforced in almost all modern advertising, whether through the printed page, radio, television, or movies. The most intelligent person cannot help being unconsciously influenced by our constant barrage in praise of youth.

The first task of community education then, as it relates to older people, is *to make known the nature of the aging process and the situation of older people in this country.* It is the task of community education *to point out the consequences of continuing to act in accordance with the beliefs we have noted.* It is the task of community education *to alert the individual and the community to the necessity of modifying institutional and individual behavior*—and of modifying it with fair rapidity. Finally, it is the task of community education *to provide the basic information on which the community and the individual can act more intelligently.*

If we grant that an effective and continuing program of community education is a prerequisite to securing desirable changes in institutions and in individuals as they relate to the aging process, even then we cannot trust that a general campaign alone can accomplish the goals we desire. Because the work ahead is so great in so many respects, it is necessary to employ both general and specialized approaches. The nature of these may be crudely indicated as follows:

General Approach

What does everybody need to know about aging and the aged? (Content)

How can we reach everybody? (Media)

Specialized Approach

What groups need special information?

What information do they need? (Content)

How can this information most effectively be given to them? (Media)

The Content of a General Approach

As we consider the general approach, it is clear that our work is greatly assisted by the increasing number of articles and books dealing with this subject. The majority of the books which have appeared so far have concerned themselves with the individual's problems in the aging process. They deal most frequently with health and mental hygiene although popular treatments of leisure-time activities, the achievement of financial security, preparation for retirement, and the narrower fields of sex and beauty aids are appearing more and more. Popular magazine articles reflect interest in these subjects as well as presenting discussions of specific problems of personal and family adjustment, economic problems involved in pension planning, and work opportunities for the older person.

To create a favorable climate for the development of adequate services for older people, the general public needs to be given three bodies of information.

First, this public needs to be made aware of the problems growing out of the increased life span. The material should include clear-cut and simple statements regarding the increase in older age groups; the effect that urbanization, mobility of population, and housing shortages have had on older people; and the difficulty of acquiring savings for retirement over a long period of rising prices. The public particularly needs to know that years are no accurate measure of age and that people do not get old as soon as they used to. It is important to emphasize the probable inability of our economy to support in nonproductive roles all of the old people we are going to have in the future and the consequent necessity of extending opportunities for productive work to older people on a selective basis. The public should be informed of the political dangers involved in a continuation of present attitudes.

The second body of information which should be communicated to the general public should concern itself with a realistic appraisal of the services we now have for older people in Cook County and with

the new or expanded services which are required. This information should highlight the inadequacies which are presented in the succeeding sections of this report.

The third set of information which should be directed to the general public concerns the nature of personal adjustment and of family relationships in the aging process.

In summary, the general approach in community education should present simply and forcefully the social, economic, political, and individual aspects of this subject. The goal of the program is that everyone should know the truth about aging and should realize effectively a more positive concept of maturity as a continuing and developing process. In this process, while some qualities may decline, others may be enlarged and strengthened. Up to now American society has viewed maturity as a peak toward which man climbs on a long upward grade, but as a peak on which he cannot linger and from which he must make a rapid descent.

To revise our concept of maturity is extremely difficult. We will never succeed once and for all time. But the values to be derived from the acceptance of a changed and more nearly accurate concept of aging and maturity are literally incalculable. These values are too great for us to neglect any opportunity to transmit this information to the men and women of our community.

Media for the General Approach

How can the information we have outlined be transmitted most effectively and efficiently? The experience of the Project shows that many community agencies and individuals, as well as commercial publicity and news organizations, are more than willing to co-operate once certain conditions are maintained.

First, there must be a specific reason for a message to the general public. This may be an institute, a timely feature story with human interest, an effective pronouncement by a prominent person, an announcement of a new service, and so forth.

Second, the facts must be clearly set forth, with a resource person indicated from whom additional material can be obtained.

Third, it must be made clear why this message is of interest to the constituents of the organization to which it is sent.

The Project has used this approach in handling its own public relations and has been able to secure generous coverage in all media. How can the Welfare Council continue this work?

Division I of the Council (the Division on Family and Child Welfare) has traditionally carried major responsibility for work with older people. Since it cannot reasonably be anticipated that there will be a great deal of staff time available in Division I for this task, *it is recommended that a special Committee on Community Education be established as a joint committee between the Public Relations Department and Division I.* This should include representatives of the Health Division (Division II), and the Division on Education and Recreation (Division III), committee and staff members of the Public Relations Department, and a selected group of persons from the community at large who have shown themselves to be interested in the problem of changing community attitudes about aging. These might be people from universities, housing or employment groups, churches, women's clubs, the Junior League, the State Committee on Problems of the Aging, associations of older people, and from the Committee on Recreation for Later Maturity of the Chicago Recreation Commission.

This Committee, meeting regularly, could review the opportunities for educational programs and news releases. In consultation with the staff members from Public Relations, recommendations could be formulated for the issue of information in the most effective fashion. Actual release of material would go through the Public Relations Department after clearance with the Secretary of the Committee.

It is recommended that the Committee on Community Education consider the preparation of audio-visual material for use with community groups and that it see to it that there is developed a Speakers' Bureau, either under its own auspices or under some appropriate

agency such as that represented by the Adult Education Council.

Because the Joint Public Relations Department of the Welfare Council and the Community Fund devotes its activities first to publicizing Community Fund agencies and the annual campaign and second to publicizing member agencies of the Welfare Council, who may or may not participate in the Fund, it would seem appropriate to emphasize that the work we are discussing will take concentrated and continuing staff assistance from the Public Relations Department. One of the major concerns of the Welfare Council, however, is with long-range and co-ordinated planning to meet the needs of the people in this community. The very fact that this is a relatively new field, with a dearth of agency programs, appears to us to give it a priority over other areas with which the general public has already been familiarized. Furthermore, there are indications that evidence of interest in older people on the part of the Council and Fund may attract increased support from groups not otherwise involved in the programs of these agencies.

Specialized Approaches

Changing the attitudes of special groups within the community requires even more careful planning than the general approach. Those responsible for issuing material must be aware of the special interests and prejudices involved. This is true whether one contemplates an approach to an occupational group (i.e., nurses, adult educators, personnel people) or to an institutional group (i.e., homes for the aged, retail trade, camps, churches).

Some of the special groups toward which specialized information should be directed include the following:

1. Over-all planning and financing bodies
2. Employing and personnel groups
3. Unions
4. Civic groups
5. Churches

6. Political units
7. Professional groups

Much of the information which should be transmitted to these groups is indicated in the following sections of this report.

Media for Specialized Approaches

Whereas general community education is carried on primarily through newspapers, radio, and general meetings, a more specialized approach is likely to involve speeches to special groups; articles in professional and trade journals; newsletters regarding items of special interest; committee reports; and personal interpretation, verbally or through correspondence.

Because of the highly individualized approach and the use of more technical material, it would seem advisable for the Committee on Community Education to be less directly responsible for this part of the program. Major responsibility for the execution of this work might be left to division and department heads and to agency executives.

It *is* desirable, however, that the Committee on Community Education inventory the possibilities in this area, and, if feasible, assemble a list of key representatives of the special groups involved with which an informal liaison could be maintained to insure that essential interpretation does not fall by the wayside. Furthermore, there are occasions when it is appropriate for all of these groups to be specifically reached as part of a more general campaign.

In addition, some co-ordination of all the channels through which information is sent out into the community is needed if we are to avoid the negation of one message by another. For example, if Organization "A" pictures all older people as racked with chronic illness or emotionally maladjusted because of rejection by the community, Organization "B" will have a hard time selling the older worker to prospective employers. Special interests in the area of aging must be balanced to build a balanced program in the community.

2

Employment and Retirement

The Employment Problem

In primitive societies the exchange of useful activity for food, shelter, and clothing is usually more or less taken for granted. As man ages in these groups, he not infrequently shifts from one pattern of activities to another. When his capacity to perform such activities disappears, there emerge cultural variations in different societies. These range from veneration and respect to complete abandonment in which he is left to die since he can no longer produce anything that his group regards as valuable. Whatever the society's treatment of its aged may be, the group motivation is usually simple and widely accepted.

The attitudes of our own sophisticated society are less rational and more complex. Probably never before has aging man, while he is capable of some kind of useful activity, been so frequently denied an opportunity to exchange his work for the essentials of living.

Why is this so? To a substantial degree, because of the basic attitudes and beliefs concerning aging which were mentioned in the preceding section. In addition, a large part of the difficulty grows out of the enlargement of American productive organizations. Fewer and fewer jobs are available outside the framework of an organizational

pattern. Therefore the attitude toward manpower prevailing in these organizations, whether they be corporations, unions, or governmental units, becomes of ever-increasing importance to the individual.

Similar confusion prevails regarding retirement and ways of supporting man after he ceases working. This will be discussed later.

It may clarify our consideration of the employment problem to recall the kinds of people about whom we are concerned. Who are the older workers?

First, women over 35 and men over 40 who have trouble getting jobs because employers feel they are too old. These people usually have little difficulty in *staying* in a job if they are reasonably capable. However, when, for one reason or another, they have to get new jobs, age becomes a handicap. As workers, they may be unskilled, semiskilled, or less often, skilled. Office positions, such as file clerk, stenographer or typist, receptionist, frequently are closed to applicants over 35. There are, of course, some occupations in which age limitations are apparently justified. Classic examples are the baseball player and airplane pilot. But, for most of this group of workers, the major problem is to overcome an unfounded prejudice.

Second, workers who, because of actual handicaps that have come with age, cannot carry on their current jobs on a competitive basis but whose experience and skills can be used in other jobs *if* someone knows enough to analyze the possibilities. This kind of transfer from one job to another which utilizes the same skills has been emphasized in work with those who are obviously physically handicapped. It requires knowledge of the *actual* requirements of a job and the *actual* skills of the worker.

Third, workers whose usual wage-earning skills have been decreased below a competitive level by aging but who may have those skills restored by physical or psychological rehabilitation or in whom other skills may be developed through proper training.

Fourth, workers who have been handicapped by aging to the extent that it is practically impossible—even with training—to restore them to a competitive level in any field. These are candidates for protected employment outside the normal labor market.

The allocation of workers to these classifications, of course, varies in general with time and circumstance and, in particular, with the intelligence of the employer and the worker. All of us recall our astonishment at the swift reclassification of workers from unemployable to em-

ployable as this country moved from depression to war. It is tragic that there were no adequate records kept of productivity by occupation by

TABLE 1. DISTRIBUTION OF COOK COUNTY POPULATION BY AGE: 1930 AND 1940

AGE GROUPS	Number of Persons 1930
Total	3,982,123
Under 15 years of age	975,142
15 through 64	2,840,288
65 through 74	123,920
75 and over	38,117
Age not given	4,656

	Number of Persons 1940
Total	4,063,342
Under 15 years of age	815,044
15 through 59	2,867,796
60 through 64	142,470
65 through 69	104,499
70 through 74	69,123
75 and over	64,410

	Percent Distribution by Age		
AGE GROUPS	1930	1940	Percent Change
Total	100.0	100.0	+ 2.0
Under 15 years of age	24.5	20.1	−16.4
15 through 64	71.3	74.1	+ 6.0
65 and over	4.1	5.8	+46.9
Age not given	.1		

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population, Vol. II, Characteristics of the Population: Illinois.* Washington: Government Printing Office, 1942.

age during the war. Because of this omission, we cannot cite authoritative data to dispel age barriers in many jobs. Scattered information, however, demonstrates that in certain occupations the older worker was not only equal to but excelled the younger as an effective producing unit.

The importance of a more realistic attitude toward employment and retirement is today underscored by the combination of a long-range armament program and population trends. Manpower scarcities are already manifesting themselves as this country enters what may be a decade of defense production. At the same time, the labor supply is significantly different than in 1940–41. The present distribution of the American population by age reflects not only the absolute increase in the number of older people due to prolongation of life, but also a relative decrease in the younger age groups (the late teens and the

TABLE 2. DISTRIBUTION OF COOK COUNTY POPULATION BY AGE AND SEX: 1940

Age Groups	NUMBER OF PERSONS		
	Total	Male	Female
Total	4,063,342	2,010,751	2,052,591
Under 5 years	251,291	131,026	126,265
5– 9	256,977	131,142	125,835
10–14	300,776	151,643	149,133
15–19	327,956	161,652	166,304
20–24	364,991	171,814	193,177
25–29	377,106	177,497	199,609
30–34	355,966	169,733	186,233
35–39	342,014	167,611	174,403
40–44	325,477	162,733	162,744
45–49	313,046	160,175	152,871
50–54	266,575	140,487	126,088
55–59	194,665	102,280	91,845
60–64	142,470	72,566	69,904
65–69	104,499	49,638	54,861
70–74	69,123	32,268	36,855
75 years and over	64,410	27,946	36,464

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population, Vol. II, Characteristics of the Population: Illinois.* Washington: Government Printing Office, 1942.

early twenties) as a result of the decreased birth rate during the depression. This shortage of youngsters will continue for the next eight years. Furthermore, there are not as many young women to be drawn into the labor force in 1952 as compared with the number available in 1940 and 1941, since more of these are mothers with babies that keep them at home.

Employment of Older People in Cook County

At the beginning of this century there were about 3,000,000 persons 65 and over in the United States. They constituted 4.1% of the total population. The 45 through 64 years group made up 13.7% of the population, totalling 10.4 million. By 1950, the total population of this country aged 45 and over had increased from 13.48 millions to

TABLE 3. DISTRIBUTION OF FOREIGN-BORN[a] POPULATION IN COOK COUNTY BY AGE: 1940

Age Groups	Number	Percentage of Total Population by Age Groups
Total	767,305	18.9
Under 5 years	344	0.1
5– 9	922	0.4
10–14	2,651	0.9
15–19	9,561	2.9
20–24	10,400	2.8
25–29	24,427	6.5
30–34	46,953	13.2
35–39	72,773	21.3
40–44	88,694	27.3
45–49	111,472	35.6
50–54	114,085	42.8
55–59	91,503	47.0
60–64	69,390	48.7
65–69	50,490	48.3
70–74	36,827	53.3
75 and over	36,813	57.2

[a] Excludes foreign-born nonwhite.

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population, Vol. II, Characteristics of the Population: Illinois.* Washington: Government Printing Office, 1942.

TABLE 4. MARITAL STATUS OF CHICAGO POPULATION 15 YEARS OF AGE AND OVER, BY AGE AND SEX: 1940

Age Groups	MALE				
	Total	Single	Married	Widowed	Divorced
Total 15 years and over	1,341,886	456,567	807,818	57,311	20,190
15 through 59	1,190,440	440,438	707,582	24,651	17,769
60 through 64	60,702	6,904	44,839	7,733	1,226
65 through 69	41,385	4,658	28,298	7,789	640
70 through 74	26,723	2,716	16,313	7,316	378
75 through 79	14,313	1,246	7,468	5,466	133
80 through 84	6,138	464	2,641	2,997	36
85 and over	2,185	141	677	1,359	8
	PERCENT DISTRIBUTION BY AGE				
	Total	Single	Married	Widowed	Divorced
Total 15 years and over	100.0	34.0	60.2	4.3	1.5
15 through 59	100.0	37.0	59.4	2.1	1.5
60 through 64	100.0	11.4	73.9	12.7	2.0
65 through 69	100.0	11.3	68.4	18.8	1.5
70 through 74	100.0	10.2	61.0	27.4	1.4
75 through 79	100.0	8.7	52.2	38.2	0.9
80 through 84	100.0	7.6	43.0	48.8	0.6
85 and over	100.0	6.5	31.0	62.2	0.3
	FEMALE				
	Total	Single	Married	Widowed	Divorced
Total 15 years and over	1,384,876	382,377	809,563	162,907	30,029
15 through 59	1,220,260	367,138	746,956	77,878	28,288
60 through 64	58,281	5,627	30,795	20,940	919
65 through 69	46,088	4,384	18,293	22,896	515
70 through 74	30,621	2,872	8,903	18,640	206
75 through 79	17,653	1,501	3,418	12,661	73
80 through 84	8,385	646	979	6,738	22
85 and over	3,588	209	219	3,154	6
	PERCENT DISTRIBUTION BY AGE				
	Total	Single	Married	Widowed	Divorced
Total 15 years and over	100.0	27.6	58.5	11.8	2.1
15 through 59	100.0	30.1	61.2	6.4	2.3
60 through 64	100.0	9.7	52.8	35.9	1.6
65 through 69	100.0	9.5	39.7	49.7	1.1
70 through 74	100.0	9.4	29.1	60.9	0.6
75 through 79	100.0	8.5	19.4	71.7	0.4
80 through 84	100.0	7.7	11.7	80.4	0.2
85 and over	100.0	5.8	6.1	87.9	0.2

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population, Vol. IV, Characteristics by Age-Marital Status, Relationship, Education, and Citizenship: Illinois*, Washington: Government Printing Office 1943

42.50 millions—an absolute increase of 29.02 million persons. The 45–64 group now amounts to 20.5% of the total population and the 65 plus group equals 7.6% of the total.[1]

To see our own situation here in Cook County in perspective, we note the following. Between 1900 and 1950, the population 65 and over increased from approximately 50,000 to approximately 340,000.[2] In 1940, the 45–64 group made up 22.6% of our total population; the 65 plus group, 5.9%.[3] As this is written, the 1950 figures are not available for the 45–64 group but the 65 plus group is now approximately 7.6% of our total population in the county.

When the Community Project for the Aged began, the Advisory Committee decided no final definition of an "aged person" could be formulated. While it was expected that in most areas of interest we would deal with persons 65 and over, we gradually broadened our scope to include all persons who were having problems *because of increased age*. In employment this brought us down to the 35 plus group for women and the 40 plus group for men.

For research purposes, in our study of the needs of dependent older people, we considered persons 60 and over. In compiling information for the Illinois State Committee on Problems of the Aging, we found that in 1950 (as nearly as could be estimated before the release of the 1950 census figures), Illinois had about 1,100,000 residents 60 years or older.[4] This was approximately half a million more than in 1930. About 70% were 65 and over and about 30% from 60 to 65. The Illinois Department of Public Health estimated that the 65 plus population increased 70.7% in the 20 years covering the period from 1930 to 1950.[5]

We do not yet know exactly how the war years affected the distribution of older people in Illinois, but it is estimated that out of the 1,100,000 who were 60 plus, from 450,000 to 500,000 lived in Cook County. These constitute our immediate concern. Tables 1 through 6 present further detail on the number and characteristics of older persons in Cook County.

TABLE 5. POPULATION OF CHICAGO 60 YEARS OF AGE AND OVER BY COMMUNITY AREAS: 1940

Community Area	Total Population	Population 60 Years and Over	Percentage of Total Population
City of Chicago	3,396,808	316,062	9.3
1. Rogers Park	60,565	6,242	10.3
2. West Ridge	43,553	3,913	9.0
3. Uptown	133,180	16,343	12.3
4. Lincoln Square	47,179	5,346	11.3
5. North Center	48,759	5,695	11.7
6. Lakeview	121,455	13,534	11.1
7. Lincoln Park	100,826	10,376	10.3
8. Near North Side	76,954	9,069	11.8
9. Edison Park	5,999	510	8.5
10. Norwood Park	16,466	1,435	8.7
11. Jefferson Park	21,537	1,581	7.3
12. Forest Glen	6,630	465	7.0
13. North Park	12,271	951	7.7
14. Albany Park	56,692	5,427	9.6
15. Portage Park	66,357	5,687	8.6
16. Irving Park	66,553	6,854	10.3
17. Dunning	23,328	1,341	5.7
18. Montclare	9,693	697	7.2
19. Belmont-Cragin	63,302	3,998	6.3
20. Hermosa	22,894	2,321	10.1
21. Avondale	47,684	4,016	8.4
22. Logan Square	110,010	10,568	9.6
23. Humboldt Park	79,329	6,949	8.8
24. West Town	169,924	11,874	7.0
25. Austin	132,107	14,946	11.3
26. West Garfield Park	48,447	5,158	10.6
27. East Garfield Park	65,789	6,080	9.2
28. Near West Side	136,518	13,477	9.9
29. North Lawndale	102,470	9,591	9.4
30. South Lawndale	70,915	5,303	7.5
31. Lower West Side	57,908	4,477	7.7
32. Loop	6,221	1,294	20.8
33. Near South Side	7,306	863	11.8
34. Armour Square	18,472	1,500	8.1
35. Douglas	53,124	4,299	8.1
36. Oakland	14,500	1,775	12.2
37. Fuller Park	15,094	1,208	8.0
38. Grand Boulevard	103,256	6,515	6.3
39. Kenwood	29,611	4,026	13.6

TABLE 5. POPULATION OF CHICAGO 60 YEARS OF AGE AND OVER BY COMMUNITY AREAS: 1940 (*Continued*)

Community Areas	Total Population	Population 60 Years and Over	Percentage of Total Population
40. Washington Park	52,736	3,321	6.3
41. Hyde Park	50,550	6,775	13.4
42. Woodlawn	71,685	8,663	12.1
43. South Shore	79,593	9,153	11.5
44. Chatham	37,788	3,105	8.2
45. Avalon Park	10,464	868	8.3
46. South Chicago	55,090	3,633	6.6
47. Burnside	3,567	213	6.0
48. Calumet Heights	7,417	519	7.0
49. Roseland	44,009	4,001	9.1
50. Pullman	6,523	497	7.6
51. South Deering	9,662	473	4.9
52. East Side	16,513	1,246	7.5
53. West Pullman	27,834	2,112	7.6
54. Riverdale	1,509	130	8.6
55. Hegewisch	7,509	396	5.3
56. Garfield Ridge	6,813	357	5.2
57. Archer Heights	8,216	322	3.9
58. Brighton Park	45,030	2,463	5.5
59. McKinley Park	20,429	1,486	7.3
60. Bridgeport	49,109	3,720	7.6
61. New City	80,725	5,327	6.6
62. West Elsdon	3,255	152	4.7
63. Gage Park	30,343	2,040	6.7
64. Clearing	6,068	306	5.0
65. West Lawn	10,289	642	6.2
66. Chicago Lawn	49,291	3,821	7.8
67. West Englewood	64,171	6,049	9.4
68. Englewood	92,849	10,345	11.1
69. Greater Grand Crossing	61,554	6,978	11.3
70. Ashburn	731	66	9.0
71. Auburn-Gresham	57,293	5,809	10.1
72. Beverly	15,910	1,759	11.1
73. Washington Heights	19,370	1,611	8.3
74. Mount Greenwood	4,390	282	6.4
75. Morgan Park	15,645	1,718	11.0

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population and Housing, Statistics for Census Tracts and Community Areas, Chicago.* Washington: Government Printing Office, 1943.

According to the United States Bureau of Labor Statistics, the age distribution of the labor force has changed with the aging of the national population. In 1890, those 45 and over constituted about a fourth of the working population; now they make up more than a third. This increase, however, has not kept pace with the rise in age in the population as a whole, principally because of a declining trend in employment among men 55 and over. (See Table 7.) This declining trend is greatest for men 65 and over. In 1890, about two-thirds of these were in the labor force; by 1940, says the Bureau of Labor Statistics, this was reduced to slightly over two-fifths. The Bureau attributes this decline to some extent to a number of industrial and occupational trends plus the effect of depression.[6]

The Bureau of Labor Statistics further notes that the trend in work activity among women 45 and over has generally been upward, because social and economic forces have been leading to increased employment of women outside the home. Nevertheless, the number of women workers 65 and over remains low; less than 10% of these were classified as being in the labor force as of April, 1950.

World War II provided an expansion in work opportunities for all older people. The Bureau of Labor Statistics tells us that in April, 1945, there were about a million more men at work in the 45 plus group than would have been expected if prewar trends continued, but by April, 1950, this group of older men had declined to the level of 1940.

It is our impression that the national trends described above have been paralleled in Cook County. Most of our information about older workers in the county, however, is obtained from agencies and programs dealing with them when they are *out* of work, that is, Old Age and Survivors' Insurance, Old Age Pension, the Chicago Welfare Department, Unemployment Compensation, and the Illinois State Employment Service.

Tables 6 and 8 relate to the employment status of older people in Chicago and in Illinois. County figures are not available. What is

TABLE 6. PERCENTAGE OF CHICAGO POPULATION IN LABOR FORCE:[a] MARCH, 1940, AND OCTOBER, 1946

Age Groups	March, 1940	October, 1946[b]
	Percent	
Total	57	61
14 through 19 years	29	38
20 through 24	76	71
25 through 44	67	68
45 through 64	58	64
65 and over	19	27
	Male	
Total	82	86
14 through 19 years	29	38
20 through 24	90	78
25 through 44	97	96
45 through 64	90	95
65 and over	35	46
	Female	
Total	33	38
14 through 19 years	28	39
20 through 24	64	65
25 through 44	39	42
45 through 64	22	31
65 and over	5	10

[a] The labor force includes persons looking for work as well as those at work.

[b] Estimate.

Source: U.S. Census Bureau, *Report on the Labor Force of Chicago, Illinois: October, 1946.* Series P-LF, No. 6. Washington: Government Printing Office. Released February 25, 1947.

important is the small proportion of the 65 plus group in the labor force. It is probable that estimates of the labor force are increasingly understated in the older age groups. Many older people who are capable of some kind of work are so discouraged by persistent rejection on the part of employers that they decide it would be more realistic not to look for work any more. Others give up looking for work to husband their physical energy and to save the money involved in transportation costs. The labor force figures include people at work and people looking for work.

The State Department of Labor has provided some information regarding the difficulties faced by older workers in Cook and DuPage Counties. (See Tables 9 and 10.) In May, 1950, almost half of the applicants in the 65 plus group had been registered with the Illinois State Employment Service for twenty weeks or more, compared with much smaller proportions of the younger groups.[7]

In the same month, and for the same two counties, about 40 percent of the unemployment compensation beneficiaries were 45 and over. The Illinois Department of Labor points out that these beneficiaries did not necessarily represent all unemployed workers over 44, since a large number of the older jobless were ineligible for unemployment compensation either because they had exhausted their rights or because they did not accumulate sufficient qualifying earnings during 1949—the base year.[8]

Commenting in general, the Department said, "Restrictions against qualified older workers were infrequent during the war when labor shortages were at their peak. Since the return of labor surpluses, however, older workers seeking employment are finding it increasingly difficult to locate new jobs. An exception is highly skilled workers in construction and other specialized fields where the supply has not yet caught up with the demand. The unwillingness of many employers to hire older workers is borne out by reports from Illinois State Employment Service placement interviewers and by the many restrictive orders received from employers.

"Prospects for older workers are largely dependent on future labor market conditions. If, as is expected, employment is expanded and the labor market situation becomes tighter, older workers will be utilized on an increasing scale. On the other hand, a decline in industrial activity and an increase in unemployment would serve to reduce job opportunities to an even greater extent for those 60 and over." [9]

Conversations with the Chicago Welfare Department further emphasize the fact that older workers have in the last several years formed an increasing proportion of new applicants for general relief. In July, 1948, for example, there were 3,746 persons 60 and over on the general relief rolls in Chicago. As of April, 1950, this group had increased to 6,500 persons. Figures are not available on the number of people 60 and over receiving general relief outside Chicago.

TABLE 7. PERCENT OF UNITED STATES POPULATION AGED 45 YEARS AND OVER IN THE LABOR FORCE, 1890–1950[a]

Age and Sex	COMPARABLE TO CURRENT MRLF[a]			ADJUSTED DECENNIAL CENSUS DATA[b]				
	1950 (April)	1945 (April)	1940 (April)	1940 (April)	1930 (April)	1920 (Jan.)	1900 (June)	1890 (June)
Men								
45 years and over....	78.5	82.6	78.8	77.7	82.5	83.2	84.3	86.7
45–54.....	94.6	97.4	93.7	92.7	93.8	93.5	92.8	93.9
55–64.....	85.1	88.4	85.7	84.6	86.5	86.3	86.1	89.0
65 years and over..	45.0	49.9	43.4	42.2	54.0	55.6	63.2	68.2
Women								
45 years and over....	26.2	26.3	17.7	16.3	15.4	14.3	12.3	11.1
45–54.....	36.9	36.4	24.2	22.4	19.7	17.9	14.2	12.5
55–64.....	27.3	27.4	17.8	16.6	15.3	14.3	12.6	11.5
65 years and over..	9.5	9.4	6.7	6.0	7.3	7.3	8.3	7.6

[a] Adapted from the U.S. Bureau of the Census, Monthly Report on the Labor Force.

[b] From John A. Durand, *The Labor Force in the United States, 1890–1960.* Social Science Research Council, 1948.

Source: U.S. Bureau of Labor Statistics: *Employment Problems of Older Workers.* Washington: Government Printing Office, August, 1950, p. 6.

Need for More Information

We know far too little about the older workers who *are* employed. Some of the questions which need to be answered if constructive planning is to be done to extend work opportunities to our older population are these:

1. What changes have occurred since 1940 in the employment of older workers (45 plus), by industry and by occupation?
2. Where are older workers now employed, by industry and by occupation?
3. What is the turning point in various occupations after which the older

TABLE 8. LABOR FORCE[a] IN ILLINOIS, BY AGE AND SEX: MARCH, 1940

Age and Sex	Number	Percent of Age Group in Labor Force
Total Labor Force 14 and Over:	3,360,823	53.2
14 through 19 years	216,404	27.1
20 through 24	483,821	70.3
25 through 44	1,589,294	63.1
45 through 64	957,343	55.0
65 and over	113,961	20.1
Total Male Labor Force:	2,506,547	79.5
14 through 19 years	126,508	31.4
20 through 24	296,671	88.5
25 through 44	1,184,139	95.3
45 through 64	799,134	88.9
65 and over	100,095	36.6
Total Female Labor Force:	854,276	27.0
14 through 19 years	89,896	22.6
20 through 24	187,150	53.1
25 through 44	405,155	31.7
45 through 64	158,209	18.8
65 and over	13,866	4.7

[a] Labor force includes those looking for work as well as those employed.

Source: U.S. Census Bureau, *16th Census of the United States: 1940. Population, Vol. III, The Labor Force—Occupation, Employment, and Income, Illinois.* Washington: Government Printing Office, 1942.

worker has difficulty securing a new job? After which he has difficulty keeping his job?

4. How well do older workers perform? What is their productivity in com-

TABLE 9. APPLICANTS REGISTERED WITH THE ILLINOIS STATE EMPLOYMENT SERVICE OFFICES IN COOK AND DUPAGE COUNTIES: MAY, 1950, BY AGE AND LENGTH OF TIME REGISTERED

Age Groups	Total	LENGTH OF TIME REGISTERED			
		Under 4 Weeks		Over 20 Weeks	
		Number	Percent	Number	Percent
Total	107,073	20,736	19.4	33,702	31.5
Under 25 years	16,842	3,846	22.8	3,800	22.6
25 to 44	49,758	9,828	19.8	14,676	29.5
45 to 64	31,597	5,998	19.0	10,952	34.7
65 and over	8,876	1,064	12.0	4,274	48.2

Source: *Preliminary Report of the Fact-Finding Sub-Committee.* Prepared by Illinois Committee on Problems of the Aged. August, 1950, mimeographed.

TABLE 10. UNEMPLOYMENT COMPENSATION BENEFICIARIES IN COOK AND DUPAGE COUNTIES: MAY, 1950

Sex and Color	Number	AGE					
		Under 25	25–34	35–44	45–54	55–64	65 and Over
		Percent	Percent	Percent	Percent	Percent	Percent
Total	80,840	14.1	25.0	21.1	18.9	15.8	5.0
Male, white	30,430	13.2	19.3	16.6	18.3	23.6	9.0
Female, white	25,090	13.9	22.3	24.0	22.7	14.1	3.0
Male, nonwhite	14,500	15.2	33.9	23.2	18.3	7.9	1.4
Female, nonwhite	10,820	16.1	39.2	27.0	11.9	4.5	1.3

Source: *Preliminary Report of the Fact-Finding Sub-Committee.* Prepared by Illinois Committee on Problems of the Aged. August 3, 1950, mimeographed.

parison with younger workers in the same occupation? How do they compare in terms of absenteeism and injury rates?

5. What are the industrial practices that affect the hiring, utilization, and separation of older workers?
6. What future trends can we distinguish in the employment of older workers, by industry and by occupations?

Since the industrial pattern of our metropolitan area cannot be neatly contained within city or county limits, the most workable basis on which to seek answers to these questions appears to be state-wide. *It is therefore recommended that the State of Illinois, through the Research Department of its Department of Labor, undertake a comprehensive study covering these points.* Data available through the 1950 Census provide an admirable starting point. It is realized that such research would entail additional staff if the results are to be sufficiently comprehensive to be useful to business, industry, labor, and government. The need for accurate data is great enough, we believe, to warrant a request for an additional appropriation from the legislature. This information is essential if we are to make any permanent progress against the constantly increasing expenditure of public and private funds for the maintenance of a growing proportion of nonproductive older residents in this state.

Information Collected by the Community Project

The importance of the employment problems of older workers became evident to the Community Project for the Aged in several ways in the last three years. As information accumulated, the thinking of the Advisory Committee and staff underwent several changes in emphasis. Originally, our focus was on the programs of social agencies. What could the family agency, the health agency, the recreation agency do to help the older person in trouble? How could homes for the aged be used to greater advantage?

We have not lost sight of these questions but now we see them in a larger perspective. This is due to three factors.

First, there was material collected through interviews with family

agencies and through study of 552 of their cases. This study was aimed at the needs of older people known to these agencies and is summarized at the end of this book.

Second, as the Project deliberately entered upon its community education program, it received a growing number of requests from older people, from their families, and from their employers. These individual contacts were of great value in arriving at a more definite understanding of the difficulties that come with age in a modern industrial community.

Third, the Project developed into a clearinghouse on information in this field, serving communities in many states and even in foreign countries. This was an unanticipated development that initially grew out of our own random efforts to find out what other communities were doing. It has been interesting to note that other cities have followed similar changes in their thinking about services for older people and that sooner or later, all of us, working independently, tend to arrive at substantially the same conclusions.

How did these factors force us beyond our original point of view?

What We Learned from Social Agencies

Our study of older people known to family agencies was begun in March, 1948. At that time many employers were unobtrusively getting rid of the older workers they had hired during the war. Sometimes this was done through retirement; sometimes by transferring workers to less favorable positions so that they would quit; sometimes by simple lay-offs. To spend much time on trying to find work for older people under such conditions was generally regarded as being a futile pursuit.

It was not remarkable, therefore, that (with one exception) we found little evidence of consideration of ways to restore persons past 60 to the labor market in the records of the family agencies. Furthermore, all these agencies served younger people as well and, if precious staff time were to be spent on securing work for clients, it was natural

that such attention would be given first to younger people and young parents.

The net result was that the average unemployed older worker could get no skilled help on this particular problem from public or private social agencies. The one exception was the Department for Care of the Aged of the Jewish Family and Community Service, which worked on the problem in co-operation with the Jewish Vocational Service.

For the older worker who happened to be physically handicapped, there were, it is true, a limited number of public and private agencies available to help.

Four agencies serve persons in Cook County with specific handicaps: (1) the Chicago Heart Association, which studies industrial processes and recommends work suitable to patients suffering from different types of heart disease; (2) the Chicago Lighthouse for the Blind, which trains and provides sheltered employment for blind residents of Cook County; (3) the Illinois Department of Public Welfare, Division for the Blind, which offers a prevocational training program, sheltered workshops, and vending machine employment for the blind of Illinois; and (4) the Illinois Industrial Home for the Blind, which provides a home and employment for blind persons in Illinois.

One agency serves a special group. This is the Veterans Rehabilitation Center of Chicago, which offers occupational, recreational, and industrial therapy to veterans.

Seven agencies serve the handicapped worker without regard to his specific handicap or special status:

1. The Chicago Christian Industrial League, which maintains an industrial and salvage department in which it employs men.
2. The Goodwill Industries of Chicago, which provides vocational training, sheltered employment, and assistance in work adjustment for handicapped men and women.
3. The Illinois Association for the Crippled, which offers functional, craft, and industrial therapy for homebound persons and an outlet for sale of

craft work. For crippled persons it provides employment counseling and placement service.

4. The Illinois Board for Vocational Education, Division of Rehabilitation, which provides a program for the rehabilitation of physically handicapped citizens who are residents of Illinois.
5. The Salvation Army Industrial Homes, which supply housing and employment for men on a temporary basis.
6. The Vocational Society for Shut-Ins, which provides instruction and employment for handicapped persons in making articles to sell in the Society's outlet shop.
7. The Volunteers of America, Salvage Industries, which gives employment to men and women in salvaging clothing and furniture.

The number of persons each of these agencies is able to serve is limited by budget and staff. Some definitely restrict their services to those under 65 (as is the case with the Illinois Association for the Crippled). Others, such as the rehabilitation services, may not set definite age limits but do in practice limit their programs to younger persons.

The most promising older worker—the one who had no marked handicap—had no place to turn except the Illinois State Employment Service and the Project. True, there was one organization of older workers themselves, the Forty Plus Club, which attempted on a self-help basis to find jobs for each other, but membership in the club was limited to executives and executive assistants who had earned at least $4,000 a year and could meet certain personal standards.

The Illinois State Employment Service was obviously not equipped to give satisfactory service to older workers. Its special services were curtailed several years ago and more than routine placement procedures were required for this group. It was recognized that registration was in many instances a meaningless routine. This is corroborated by the information presented earlier in this section.

What We Learned from Older Workers

As press releases told of our concern with employment, the Project staff found an increasing number of older job seekers came in for an

interview or wrote for help. Although we were not presumably a direct-service agency, it was usually impossible to refer the applicant elsewhere. The Community Referral Service is not a placement department. As a result, the Project provided a number of direct services. All these people required exploratory interviews. In these, we tried to appraise the practicality of the client's search for work and to adjust him to a realistic point of view if his aim were obviously too high. Where other problems became known, appropriate referrals were made. With some, the Project actually tried to assist in finding work. With others, for whom employment seemed impossible, we interpreted the assistance available through the Chicago Welfare Department and the Old Age Pension program. If there were no financial problems, we attempted to relate them to voluntary activities in which they might find an outlet for their interests and energy.

Many of those referred to the Illinois State Employment Service and those who were already registered with the ISES were aware of the improbability of securing jobs through that agency but recognized the desirability of the Employment Service's being aware of the number of able-bodied workers who are to be found in the upper-age brackets.

Most of those who came to the Project were able-bodied and had tried every channel they could think of before coming. Many were apologetic about taking anyone's time with their employment problems. Usually they were already feeling more than a little defeated about ever getting jobs, but, at the same time, desperately clung to the hope that the Project could perform a miracle.

Fifteen of 94 applicants on which we kept records during the last year and a half were persons who had used a good deal of imagination about new occupations for their later years. They had inventions, products, or other business plans, but needed help in working out preliminary financing or distribution problems. At least one person came because he had money which he wished to invest in something which would give him an occupation. This man, a retired executive,

voiced a typical reaction. He said, "I get up in the morning and I think, 'What for?' "

Several wanted to take aptitude tests to help determine what they should do since their earlier occupations seemed closed to them. Among these were engineers who had had responsible positions but were not now accepted for the more routine jobs of which they were capable; salesmen who could no longer go on the road or carry sample cases; bookkeepers who wanted more active jobs not requiring such close work after a lifetime of bending over a desk; and a physician who could no longer stand the strain of his profession and wanted detail work to do.

Three were looking for work they could do at home; eight desired jobs which included board and room as part of the pay; fifteen wanted part-time or lighter work. All of these twenty-six had recognized their own physical limitations and were seeking jobs to which they thought they were physically equal.

This adjustment of the older worker to the realistic situation is further indicated by the types of jobs secured by some of the applicants. One civil engineer found a job as a maintenance man in a university dormitory. Another has worked for two summers doing maintenance jobs at a country club. The work suits him, but he finds the necessity of living in a dormitory with uneducated people a very real hardship.

Contact with a number of businesses in efforts to help these older workers find employment indicated that some companies at least would welcome the experience and dependability of the older employee if there were some agency through which the right person could be referred to the right job.

Our direct contacts with people from 40 to 90 who were seeking work, along with a variety of interviews with older people who had succeeded in the search for employment at advanced ages, led to several conclusions.

First, most older workers prefer to go on working. This desire is so

strong that we suspect it is not completely due to the prospect of a decreased financial income after retirement.

Second, older people who have led an independent life through war and boom and bust and war again feel an extreme reluctance about applying to a social agency for help. It is our impression that this reluctance is stronger than in younger people who grew up in an age of general relief, CCC, NYA, WPA, and similar programs. The older person is likely to regard filing for OAP as the final admission of personal failure and incompetence.

Third, older workers' productive abilities are far greater than is commonly accepted. Adequate vocational guidance and an efficient placement service could restore many to jobs even when employment is low. Retraining and counseling could place an additional group.

Fourth, contrary to popular opinion, older workers show considerable flexibility in adjusting to jobs with less status, less responsibility, and less pay.

What We Learned from Other Communities

Along with the collection of information locally, the Project received increasing indications of interest in employment of older workers from other communities. One of the first of these to come to our attention was Toronto, Canada,[10] where a survey of the older applicants for employment resulted in the establishment, in December, 1947, of a special counseling service for this group in the public employment service. This small unit saw persons by appointment only and enough time was scheduled to permit thorough exploration of individual skills, abilities, and interests. Additional appointments were scheduled if needed.

As a result of this procedure, applicants were coded for many more kinds of jobs than when seen briefly by the regular employment service interviewers. By the end of the first year, more than 1,100 persons were seen. More than half of these secured jobs, one-third through the employment service and two-thirds through their own

efforts. Over half of those who secured work were 60 and older.

In its first report, the counseling service recommended: (1) extension of the counseling service; (2) establishment of a specialized placement service to work in conjunction with the counseling unit; and (3) a specific approach to employers to encourage them to examine jobs now being performed by older workers and those which might be performed satisfactorily, and to employ older workers for these jobs.

In New York City, some of the earliest work in this field was done under the auspices of the Federation Employment Service, a nonprofit program operated in the Jewish Federation. In early 1948, the Federation Employment Service carried on a brief, intensive program of public education accompanied by special efforts to secure jobs for older applicants. The considerable success of this effort showed even more clearly the magnitude of the undertaking. The Service was overwhelmed by older persons seeking jobs.

This program was followed by development of a section on employment of older workers under the Welfare Council. When the New York State Joint Legislative Committee on Problems of the Aging was established it set up a Committee on Employment. In the three sets of hearings held by the State Committee in 1947, 1948, and 1949, increasing attention was given to employment problems. In 1949, following recommendations from the State Committee, a small counseling service for older workers was established in one of the New York City employment offices. Growing interest also resulted in the establishment, in 1949, of a Mayor's Committee on Employment of Older Workers in New York City.

The New York State Committee on Problems of the Aging in its recent report, *Young at Any Age,* made rather comprehensive recommendations regarding community programs for the aged which included promotion of employment opportunities. The items considered in this state plan include specialized counseling and placement of older workers, research, education of industry, stimulation of home-

work, state aid for nonprofit sheltered workshops, development of safety programs for the aged, retraining of older workers for new jobs, vocational rehabilitation, aid to oldsters seeking self-employment, pre-retirement counseling aid to industry, ending of age barriers to state and local employment, and the establishment of permanent home town job-finding services for older persons.[11]

More recently, in California, study began relating to this problem. A committee appointed by the Los Angeles Board of Supervisors was particularly interested in self-help plans for retired persons. A Los Angeles County Conference on Employment concluded, in a recommendation regarding older workers, that an educational program should be directed towards employers. Its purpose would be to overcome prejudice against older workers and to explain their abilities. This Conference recommended removing financial penalties on employers who hire older workers through equalization of insurance rates. It also advocated education of older workers for jobs within their physical capacity.

Florida, like California, is known as an area to which many older people retire. It is not surprising, consequently, to find that the State of Florida has been officially concerned with the circumstances under which its older residents live. This concern also manifests itself in various cities within the state. There seems to be a significant difference in the old-age problem of the two states. In California, the political aspects of the problem, initially stimulated by Dr. Townsend, have been greatly magnified through the more recent activities of George McLean and his Citizens' Committee for Old Age Pensions.[12] Florida is marked by large concentrations of retired industrial workers. Many of these have industrial pensions and there are growing colonies of workers who worked for the same company. Through the State Improvement Commission, long-range planning is under way. What kinds of services are needed to minimize future dependency in these groups? The state is also exploring the possibilities of definitely fostering industries to use the skills of these workers, full or part-time.

Finally, at the National Conference on Aging, held in Washington, D.C., in August, 1950, the employment problem of the older worker was recognized as probably the greatest difficulty confronting the aging American.

Increasing emphasis is being given to this subject by prominent businessmen and economists. Among these are Ewan Clague, Leland Hazard, Eric Johnston, Theodore Klumpp, and Sumner Slichter.[13]

The Senior Employment Problems Committee

The Advisory Committee of the Community Project for the Aged instructed the staff to place major emphasis on employment in 1949. Conferences were subsequently held with the Association of Commerce and Industry, with the Department of Vocational Education of the Chicago Public Schools, and with members of the State Employment Service.

The Project concluded that to achieve effective results it should initially involve large employers. It was felt that no plan for extending employment opportunities for older workers could be expected to be adopted by business and industry unless that plan had been developed by representatives of those groups. We were also convinced that a workable plan could not be drawn up except through the intimate and specialized knowledge possessed by management in various fields.

To facilitate free expression and frank discussion of the use of older workers in business and industry, our initial group did not include any representatives of special interest groups. This procedure was cleared in advance and proved to be acceptable to unions and other organizations concerned with groups of employees. The Project thereupon established the Senior Employment Problems Committee to explore the difficulties which business was having with older workers and the ways in which older workers were being used effectively.

The concern of management with the employment of older workers appears to involve several factors.

1. There is widespread dislike of the extension of governmental influence. If

more and more older people are excluded from employment, more of them will receive their livelihood through governmental agencies.

2. The support of a growing number of nonproductive older people necessitates increasing private pension funds and/or Social Security. Carried to any great length, this will put a larger share of the investment capital of the country under the control of fewer people.
3. Increased corporate taxation is required for expanded support of an increasing number of nonproductive older people.
4. It is questionable, to say the least, whether a growing number of nonproductive older people can be supported without seriously lowering the standard of living of all of us, even if the estimated increase in national productivity of 3% per year were to rise to higher levels.
5. Negotiations with unions involving welfare funds and pension plans may well be increasingly complicated.
6. Management is beginning to realize that the community at large suffers not only a decrease in potential net productivity but also a decrease in purchasing power as older workers are excluded from the working force. For Cook County, a decrease in the cost of maintaining older people in nonproductive roles (public assistance, hospitals, and homes for the aged) plus an increase in the production and purchasing power of older people through re-employment might conceivably result in a net increase in income of some 200 million dollars annually in the county.
7. Many companies are discovering that a public relations problem has developed in connection with retired employees. In a period of rising prices the retired employee frequently finds it impossible to live on the pension he started to build up some thirty or forty or fifty years ago. When he turns to his former employer for help, he may react with a good deal of bitterness to the information that the pension plan is fixed in terms of dollars and that no adjustment is possible. Multiplication of such situations creates a growing feeling of ill will toward management.
8. The basic concern of intelligent management for its older workers, however, is the same as its concern for any employees. How can the most efficient group of workers be recruited and maintained at maximum efficiency? If more workers are older, does aging affect performance? If performance is affected, can the reason be found and remedied through the personnel department, industrial relations, the health program? For the last twenty years management has tried to enhance the significance of the individual worker's job; how does this affect the worker's adjustment to retirement?

Although the SEPC has progressed slowly, it already seems clear that there is a necessary function for it to perform from the employer's

point of view. *It is recommended, therefore, that the SEPC be continued, but that it be transferred to auspices which are (1) nongovernmental, (2) associated with business and industry, and (3) able to provide necessary staff assistance.*

The Role of the Welfare Council

The Committee on Employment and Guidance of the Welfare Council has for many years been intermittently concerned with the problems of the older workers. *It is recommended that a Subcommittee on the Older Worker be established to work co-operatively with Division I on the implementation of following recommendations.* It is suggested that membership include representatives of special interest groups (unions, American Legion, older workers themselves, Old Age Assistance Union), as well as people from rehabilitation, personnel, industrial relations, industrial health, civil service, vocational guidance, vocational training, psychiatry, employment agencies, family welfare, sheltered workshops, and the Association of Commerce and Industry.

It is hoped that this committee would avoid the coupling of age with physical handicaps or chronic illness. Especially in promoting work opportunities, it is not desirable to use those terms so frequently used in the past—"the aged and chronically ill" and "the aged and physically handicapped worker." Nevertheless, it is highly desirable, for a close relationship to be established between the committee and the Health Division of the Welfare Council to co-operate in the promotion of rehabilitation programs, industrial health services, and sheltered work programs.

The Role of the State Employment Service

The change in the labor market since Korea plus the possibility of manpower controls have reduced the employment problems of the older worker as compared with the situation which the Project initially faced in 1947. In spite of this, thoughtful students of the subject—in

business, economics and government—emphasize that the difficulties remaining are considerable.

Now that employers are going to want older workers, there is an excellent chance to set up specialized employment and training programs and to demonstrate their efficiency.

On the other hand, the very fact that the demand for labor *will* be great means that we can coast along with what we now have and let the employer, desperate for anyone, struggle with the effects of poor placement, rapid turnover, high costs, lowered standards, and hastily improvised training procedures.

If we choose the latter course, once the emergency is past, our problem will be worse than ever before. Every period of labor shortage brings with it technological improvements reducing the number of workers needed, and once again the employer who has had an unfortunate experience with an older worker will be inclined to condemn the total group. Consequently, it is all the more important for us to utilize the present situation to improve the efficiency of older workers and to demonstrate their abilities by facilitating appropriate placement.

How can we do this in Cook County? To meet the need for a large-scale placement and guidance program, *it is recommended that the Illinois State Employment Service establish a Senior Employment Division*—and the sooner the better, for if manpower controls are introduced, they will almost inevitably involve the Employment Service. Although it is late to start, such skills as can be developed in appraising the potentialities of older workers should more than pay for themselves in over-all community benefits. The functions of a Senior Employment Division would include the following items:

1. To conduct research in job analyses and classification of jobs older workers can fill.
2. To promote work opportunities.
3. To provide skilled counseling about work opportunities and about retraining programs and to make a realistic appraisal of applicants' abilities.
4. To provide placement.
5. To explore the possibilities of second occupations for those approaching or

at retirement age, in co-operation with management, unions, and the Old Age and Survivors' Insurance program.

6. To stimulate retraining programs in line with realistic forecasts of work opportunities in various fields.
7. To co-operate with public and private agencies in planning vocational rehabilitation of older clients.
8. To work with local communities in the development of part-time jobs for older residents.

The establishment of a Senior Employment Division as soon as possible would appear to be the most constructive action that could be taken to eliminate dependency in old age. It is urged that the Welfare Council exert all the influence at its command to bring about this essential service. It may be anticipated that there will be some who will raise objections, saying that no money is available, that such a Division will be useless until employers eliminate restrictive hiring policies, and that the existing staff of the Employment Service can deal with older workers along with workers of all ages.

We do not believe these are valid objections. It is always wise to spend money to save money. If additional funds cannot be found for the Division, it might be advisable to divert funds from other sections for this purpose.

In reply to the second objection, we are convinced that only with the aid of such discriminating placement as the Senior Employment Division could provide will the objections of employers to the hiring of older workers be eliminated.

To the third point—that older workers can be served satisfactorily along with younger workers—we can offer no theoretical defense. It is conceivable, but, after four years of concentrated work trying to open up legitimate opportunities for earning a living to our older neighbors, we are forced to conclude that at this stage some specialized programs are vitally needed. Not only is it misleading to the community and cruel to the applicant for the Employment Service to continue to accept registrations from older applicants without adequate follow-up, it is also inefficient.

Promotion of Employment

Earlier in the life of the Community Project, there was some discussion of the desirability of a private vocational counseling and placement program for older workers. Now we believe that the time is past when such a service is to be advocated. Occasionally such private programs are justified to point up a community need, to demonstrate the workability of a specific program, or to develop better standards of work.

In this field, the need is all too clear. Also there have been adequate demonstrations that this kind of program is practical. This is evident in the work of the Jewish Vocational Service here, and in the public programs in Toronto and New York. There may be some justification for the idea that better standards of work in certain fields can be developed in a small private service, but even this is questionable in view of the dependence of effective counseling and placement on adequate sources of information about the labor market and occupational trends and on wide familiarity with individual employers. Finally, the budget required to staff an adequate service is considerable and it is doubtful whether private funds could be expected to be forthcoming for this purpose.

In other words, we do not believe that the Welfare Council should expand any promotional effort on the establishment of a private vocational counseling and placement service for older workers.

Division I of the Welfare Council should, however, make a substantial promotional effort to open up work opportunities for older people. The Division should utilize the Committee on Community Education fully in this and see to it that speakers on various phases of this topic are available through the Speakers' Bureau. It should involve all appropriate agencies in its Committee on the Older Worker in order that they too may participate in a community-wide education program.

Promotion of part-time occupations is required, too, on a neighborhood basis; for example, baby sitting, relief hotel clerks, elevator opera-

tors, bookkeeping, tailoring, and so forth. *It is recommended that Division I and the Area Welfare Planning Department co-operate in this program. Through the Labor-Welfare Service, it is recommended that Division I should seek the co-operation of unions in finding practical ways of opening up new jobs for older people, since questions of seniority, rates of pay, and hours of work are all involved in this field.*

During the last war a few homes for the aged encouraged their residents to secure employment outside of the home. The value of this kind of activity, when it is suited to the capabilities of the older person, is obvious. It is to be hoped that Division I, through the Institutional Seminar, will explore with the homes the possibility of renewing this practice, as the demand for workers increases with the rearmament program. (See Development of the Institutional Seminar in Chapter III.) The homes which participate in the Institutional Seminar have already discussed the merits of constructive activity programs for their residents. It can be anticipated that the subject of work outside and inside the home, with remuneration at going rates, may profitably be pursued with this group.

In co-operation with the Health Division, it is advisable for Division I to discuss possible expansions of sheltered work programs for older people who cannot meet the competitive demands of normal employment.

Several community groups have shown an interest in the establishment of outlet shops in which the products of older workers may be sold. Inquiries about purchasing products displayed at the Hobby Show as well as the bazaars held by the various homes for the aged indicate that such programs are feasible and would fill a real need for older people. The possibility of Senior Achievement Industries similar to the Junior Achievement Industries merits consideration.

In our Friendly Visiting Program, as well as in working with the family agencies, the Project has become aware of the need for programs that provide homework for older people who are homebound. For some of these, who can leave home with some assistance, the

extension of programs similar to that begun in the Knoblauch Hobby Clinic, is desirable. (See Knoblauch Hobby Clinic in Chapter V.) Ways and means to provide employment at home for those who are unable to go out should be considered further by Division I. It is important, of course, to avoid the commercial exploitation of older people in developing programs of work in their own homes or in sheltered workshops.

Finally, in the promotion of work opportunities for older people, it is desirable that Division I work closely with the public and private family agencies in order that the workers in these agencies may be constantly alert to the employment possibilities of older clients and to the important therapeutic role which useful occupation fills in the lives of older people.

Vocational Guidance and Training

Closely related to effective placement of older workers is the need for a comprehensive community program providing vocational guidance, training, and retraining of older workers. The Chicago Board of Education has recently re-examined the basic purposes towards which its program is to be devoted. This restatement of goals seems to include service to the total community. Therefore, it appears appropriate that the Chicago Board of Education (along with suburban boards) assume responsibility for the substantial task of organizing courses to equip older workers for continuing employment.

In some instances, it may be advisable to set up special training programs under private auspices to meet the needs of certain small specialized groups of workers, but the major responsibility should be lodged in the Board of Education through its Department of Vocational Education. *It is, therefore, recommended that the Board of Education review its present vocational programs and the participation of older workers in them. After such an examination, it is recommended that the Board explore those areas in which retraining of older workers would be most profitable.*

The determination of the kinds of classes to establish would necessarily have to be developed in conjunction with the Research Department of the State Department of Labor, the Illinois State Employment Service, and the Committee on the Older Worker of the Welfare Council. We realize that it would be a waste of time to set up training programs in fields in which the older worker cannot secure placement. The expanded vocational program should be extended through day and evening classes.

It may be anticipated that the response to such programs will be substantial. Many an older worker, now employed, requires the opportunity to learn a second occupation. This is particularly true if his usual occupation is one in which it is difficult to obtain a new job after the age of 45. Other older workers find that technological changes have outmoded their usual skills. Finally, there are a substantial number of middle-aged women, who are without previous work experience or whose work experience is far in the past, who are forced to return to work because of economic necessity.

The Retirement Problem

Present retirement practices in conjunction with the increasing number of older people lead to mass dependency, loss of production and purchasing power, and increased taxation. All of these are regarded unfavorably by American business; still there is probably no more difficult task in this field than to secure reconsideration of mandatory retirement policies on the part of management and labor.

The usual objections to the employment of older people are echoed in the objections to altering retirement ages. Employers typically assert they cannot hire older workers because:

1. They aren't as productive as younger workers.
2. They will not be satisfied with positions that are less important and rewarding than their best previous jobs.
3. They will not be included in the company pension plan long enough to have an adequate pension when they retire.
4. They will cause an increase in insurance rates.

Although points one and two are undoubtedly valid for certain occupations and certain older workers, there is evidence that these objections are not universally applicable. As to point three, the length of time an older worker will remain in a particular job is to some extent governed by company policy as to retirement as well as by the worker's physical and mental condition. It further neglects the fact that the rate of turnover may be greater among younger employees. This objection is often used to explain a policy of not hiring workers over 40. There has been little consideration of waiving participation in pension plans for applicants who are past 55 or 60.

On point four—the effect of an increased proportion of older workers on insurance rates—additional research is needed. We would, however, like to quote the Association of Casualty and Surety Companies on the subject of workmen's compensation rates:

"Let this be understood—there is no provision in workmen's compensation insurance policies or rates that penalizes an employer for hiring a handicapped worker. There appears to be much misinformation on this point. Therefore, to erase any misunderstanding, these are the facts. Workmen's compensation rates are determined by two factors: (1) Relative hazards in the company's work and (2) its accident experience. The formula for determining the premium rates makes no consideration for the type of personnel involved. . . . The insurance contract, therefore, says nothing implied or direct about the physical condition of the worker that the insured may hire." [14]

What are the advantages of a policy of arbitrary retirement at a specific age (usually 60, 65, or 68) from the employer's point of view?

First, it is easy to administer, and, since it applies to all, nobody has his feelings hurt because he must stop work while another is kept on.

Second, it eliminates the older worker whose abilities are declining and makes way for promotion of younger employees to more responsible jobs.

This is not the place for an exhaustive analysis of this subject nor is the Community Project equipped to make one. Our information is

limited to experience with a few older workers, to scattered conversations with representatives of local management and labor, and to careful scrutiny of recent writings on this subject. Those who favor the adoption of selective retirement policies or the raising of the age of retirement say that ease of administration can be considered an adequate reason only if the employer is certain it is economically profitable to retire the worker rather than retain him. In other words, it is their contention that reasonable criteria involve balancing the older worker's loss of productivity against the cost of his replacement and the cost to the employer of the pension.

At any rate, it is obvious that retirement policy cannot sensibly be decided to any considerable extent without additional research into measures of productivity, turnover, and insurance factors.

It is worth while noting that there do exist various modifications of conventional retirement practices. Some companies have instituted retirement counseling, even to the extent of vocational counseling for another job after retirement from the usual occupation. Others have started arts and crafts shops to encourage outside interests and to provide facilities for retired employees. Some successfully carry on a program of down-grading and job transfers as an alternative to retirement. Still other businesses retain retirement ages but permit an employee to continue on a yearly basis subject to approval by a company committee. At least one manufacturer in this area has an interesting practice of giving a man a year's leave at retirement age with the assurance that he may return to some kind of a job at the end of the year if he finds retirement unpleasant.

Information received from business and industry here and elsewhere indicates that management and labor both feel the need to know more about the practicality of such modifications of retirement practices, about the training required for personnel people to do an intelligent job with older people, and about the educational programs that should be made available for workers so that their attitudes toward retirement will be realistic.

It is recommended that the attention of the Senior Employment Problems Committee be called to the need for additional information for management and that the Welfare Council through its Committee on the Older Worker, in co-operation with the Labor-Welfare Service, call the attention of organized labor to this difficult subject.

Adequacy of Present Retirement Incomes

Virgil Jordan, as president of the National Industrial Conference Board, has commented, "The problem of building up a competence for old age or of assuring through one's own efforts a continued income to one's family after retirement or death is almost insoluble today." [15]

A look at the present financial situation of older people is enough to show us that those who are now old were not able to do a very good job of providing for the years ahead. According to reports from the United States Census Bureau and the Federal Security Agency, in 1948, out of 11 million people in this country who were 65 and over, 3.5 million had no money income. About 1.5 million of these were women living with husbands who may have had some income.

Of the 7.5 million who did have some money income, 30% had less than $500 a year and another 30% from $500 to $1,000. Only about 20% had incomes of $2,000 or more.[16]

Where do older people get their incomes? At the end of 1949, about a third of the 65 plus group were still earning or were wives of earners. About a fourth were receiving OASI or other public retirement benefits. About a fourth were getting Old Age Assistance. These statistics leave approximately 2 million persons we just do not know about. They were supported by savings and investments, pensions, friends and relations, and voluntary welfare programs.[17]

With the cost of living up more than 75% over the 1935–39 average and the threat of continuing inflation ahead, even the tremendous expansion of company pension plans and the recent expansion of the

Federal Old Age and Survivors' Insurance program are far from solving the problem of supporting people in the later years of life. According to the Bureau of Labor Statistics, an aged couple in this area required an income of $1,720 a year to live in Chicago on a modest standard in March, 1949.

Programs Supplying Financial Income in Cook County

Information has not been compiled on the cost of old age programs in Illinois. The New York State Joint Legislative Committee, however, has estimated that in this country in 1950 the cost of old age security in its three major forms (old age assistance, OASI, and private pensions) was $4,730,000,000.[18] Our own state probably contains about one-twelfth of all the 65 plus group in the whole country. If we take into account subsidiary programs, such as certain veterans' payments and health programs, we would probably not be far wrong in guessing that at least $300,000,000 annually goes into programs arising from the present and anticipated needs of older people in Illinois. This constitutes a mandate to public and private authorities. We must have more exact and comprehensive analyses and administration in this field if efficient stewardship of these funds is to be achieved.

Income Assistance Provided Through Public Agencies in Illinois

Principal sources of income for older people paid through public agencies are the Old Age and Survivors' Insurance program, and the Old Age Pension program. OASI, of course, is a contributory social insurance system financed by a payroll tax on wages. Employer and employee contribute equally. Disbursements are made through the Federal Security Agency. Although the OASI program was designed originally to become the primary insurance against economic insecurity in old age, it was recognized that the OAP program (financed by federal and state funds in Illinois) would carry most of the load of

providing income for the needy aged and their dependents during the years immediately following the passage of the Social Security Act in 1935. It was assumed that, as OASI expanded in coverage, OAP would become the residual program. In Table 11 we see the relationship between OASI and OAP in Illinois during the last decade. In this period the proportion of the population 65 and over receiving payments through these two programs increased from 25.3% in June, 1940, to 36.8% in December, 1949. When we look at the relative importance of the two programs, however, we find that aged beneficiaries of OASI amounted to only 1% of the State's aged population in 1940, whereas by the end of 1949, this group equaled the number of recipients of OAP. Since that time the number of OASI beneficiaries has exceeded the number of Old Age Pensioners.

When we consider the amount of money paid out to older people through these two programs, we find that, although the average OASI payment (see Table 12) has increased, the total amount of Old Age Pension payments at the end of 1949 was approximately twice the amount paid out in OASI. Payments through these two programs exceeded nine million dollars a month.

Robert Beasley, in the December, 1947, issue of *Public Aid in Illinois* discussed the relative importance of these two programs at some length. He pointed out that, since OASI was limited in coverage to industrial and commercial jobs, this program has replaced OAP to a greater extent in industrialized areas than in places where agriculture predominates. This conclusion is substantiated by a comparison of the number of recipients in each program in the various counties in Illinois.

In Table 12 there is additional information on the relative importance of OAP and OASI in Cook County and downstate. It should be noted that the downstate figures include that part of Metropolitan Chicago which lies outside Cook County. Although in the period June, 1945–December, 1949, the number of recipients of OAP and OASI increased in Cook County and downstate, it is interesting that

the proportion of all OASI aged beneficiaries in Cook County decreased while the proportion of the total OAP load in Cook County increased slightly.

It is apparent that the average OASI grant to an aged beneficiary has been far from sufficient for subsistence without additional income. In spite of this, the amount of duplication between recipients of OAP and OASI beneficiaries is small. In June, 1948, 6% of those on OAP were receiving OASI benefits. (9.8% in Cook County; 4.5% downstate.)

A lesser source of income for aged persons is the Blind Assistance program. Recent information is not available as to the proportion of Blind Assistance recipients who are 60 and over. A study in November, 1948, found that 59.1% of all persons on Blind Assistance were 60 and over; 12.9% were in the 60–64 bracket. If these proportions still hold true and we apply them to the total amount of payments in the Blind Assistance program in December, 1949, the amount of money paid to persons 60 and over would have been about $130,000.

We do not have information on the number of people 60 and over receiving general relief outside of Chicago. In Chicago, there were 6,500 persons 60 and over receiving general relief in April, 1950. It is estimated that they received approximately $312,000 a month.

Effect of Social Security Amendments of 1950

Public Law 734, approved August 28, 1950, provided for strengthening the OASI program, made possible a Federal-State financed program of assistance for needy persons 18 and over who are permanently and totally disabled, and liberalized certain provisions affecting aid to the blind and old age assistance. These changes reflect, in part, recommendations made by the Advisory Council on Social Security to the Senate Finance Committee [19] and represent a more realistic appraisal of the current situation as contrasted with that in 1935 when the Social Security Act was originally adopted.

That these amendments will to some extent correct the imbalance

between OASI and OAP is certain; however, past experience cautions us against over-optimism in our predictions. Changes in OASI include extension of coverage to ten million additional workers (two million voluntarily) and increase the benefits paid. For those already retired, primary benefits were raised more than three-fourths, on the average. Nationally, this means that the average monthly benefit will rise from $26 to $46. It was estimated that in Illinois, payments of OASI would increase from $4,147,376 in August to $7,479,731 in September. The maximum family benefit was increased from $85 to $150 a month and the minimum primary benefit from $10 to $20.

Particularly significant is the fact that quarters of coverage earned before 1951 may be counted toward the coverage requirement. A person 62 or over on the effective date of the law will be insured at age 65 if he has 6 quarters of coverage at any time. Many who are 65 and

TABLE 11. SELECTED DATA ON OLD AGE PENSIONS AND OLD AGE AND SURVIVORS' INSURANCE AND POPULATION OF ILLINOIS 65 YEARS OF AGE AND OVER: JUNE, 1940, 1947, 1949, AND DECEMBER, 1949

Item	June 1940	June 1947	June 1949	Dec. 1949
Population 65 and over	568,000	678,000	698,000	703,000
Number of aged receiving OAP or OASI	143,749	203,763	246,545	258,507
Number receiving OASI[a]	5,458	77,268	118,472	129,322
Number receiving OAP	138,291	126,495	128,073	129,185
Percent of aged population receiving OAP or OASI	25.3	30.1	35.3	36.8
Percent receiving OASI	1.0	11.4	17.0	18.4
Percent receiving OAP	24.3	18.7	18.3	18.4
Amount paid to aged in OAP and OASI	$3,016,185	$6,734,239	$8,906,862	$9,171,317
Amount through OASI	117,709	1,729,242	2,770,992	3,055,432
Amount through OAP	2,898,476	5,004,997	6,135,870	6,115,885

[a] Includes retired wage earners, wives, widows, parents (all 65 and over).

Source: Records of Illinois Public Aid Commission and Federal Security Agency.

over, therefore, may draw retirement benefits. We do not know at the present time how many on OAP can be placed in covered employment in the rearmament program, but those who do gain the necessary 18 months' work will become eligible for benefits when employment terminates.

Under PL 734, the Federal Government can share in the cost of payments to recipients of OAP, BA, and aid to the permanently and totally disabled who live in public medical institutions and can also share in direct payments to medical practitioners for OAP recipients if these payments are within the $50 Federal maximum for an individual monthly grant.[20]

Even with these liberalized provisions, it is apparent that the older

TABLE 12. SELECTED DATA ON OLD AGE PENSIONS AND OLD AGE AND SURVIVORS' INSURANCE, BY PLACE OF RESIDENCE OF RECIPIENTS AND BENEFICIARIES: JUNE, 1945, 1946, 1947, AND DECEMBER, 1949

Item	June 1945	June 1946	June 1947	Dec. 1949
Cook County				
OAP recipients	43,590	46,064	47,064	49,328
OASI aged beneficiaries	31,316	43,496	43,228	72,120
Average OAP grant	$34.60	$37.04	$42.27	$49.17
Average OASI payment to aged beneficiary	23.06	23.23	23.43	24.71
Illinois, excluding Cook County				
OAP recipients	77,369	78,825	79,431	79,311
OASI aged beneficiaries	21,114	30,329	34,040	57,202
Average OAP grant	$30.55	$32.19	$37.97	$41.33
Average OASI payment to aged beneficiary	20.60	21.40	21.05	22.26
Percent of OAP recipients in Cook County	35.9	36.9	37.2	38.3
Percent of OASI aged beneficiaries in Cook County	59.7	58.9	55.9	55.8

Source: Records of Illinois Public Aid Commission and Federal Security Agency.

urban resident will require other resources to maintain an adequate standard of living.

The OAP Budget

The Old Age Pension program is, as we have noted, the major source of financial aid for those older persons who have insufficient savings and who cannot be supported by their families. Here in Illinois we are faced with difficulties similar to New York State in that, in general, it costs more to live in the Chicago area than in downstate rural areas. This has always had an effect upon legislation and upon administrative rulings as to the amounts paid for living expenses and for medical care.

We are not competent to speak regarding the adequacy of payments downstate but it is obvious that in Cook County, during the life of the Project, payments to OAP recipients have not been sufficient to support an older person on a budget that is based on an adequate standard of living. In 1949, when the legislature was about to discuss raising the $50 ceiling on OAP grants, the Welfare Council Board took action recommending the principle of increasing ceilings on the payment of Old Age Pensions on the basis of need.

We recommend that the Welfare Council continue to support this principle as the most efficient and humane basis of payment.

In 1949, however, the legislature raised the OAP ceiling to $65 a month, subject to dollar adjustments with each three-point change in the cost of living. (This excludes special payments for medical care, which are in addition to the basic grant.) State appropriations have not always been sufficient to maintain payments with the result that, at times, certain items included in computing the basic budget have been reduced and others eliminated.

Cutting OAP grants by eliminating budget items may be convenient from an administrative point of view and may be easier to explain to the public at large, but seems questionable for several reasons.

In the first place, it involves a considerable amount of accounting

and staff time. More important than this, it implies to the public that the basic budget contains items that are pleasant but not absolutely essential, in other words, that the recipient has been having a fairly easy time of it. The truth of the matter is that the total budget is usually so inadequate that the actual pattern of expenditures is very different from the theoretical budget. Our own observations indicate that the average recipient pays first for rent, second for food, third for heat and fourth, probably, for health needs beyond those reimbursed by the OAP program. These expenditures usually swallow up the dollars and cents included in his budget for such items as recreation, transportation, personal care, clothing, and so forth. Consequently, when payments for such items are eliminated or reduced, it simply means he must cut costs for shelter, food, and heat.

How to cut these costs in Chicago is a question that many of us not on OAP are trying to answer. It is vastly more difficult for the OAP recipient, who frequently is leading an incredibly meager life that has reduced his physical and emotional capacities for dealing with such an emergency.

Deprivation of this kind naturally leads to mental and physical breakdown, following which public expenditures are incurred for medical and institutional care. These may continue for years and may far exceed the amount presumably saved through budget cuts. This situation suggests the need to explore more flexible budgeting between public agencies.

Homes for the Aged as a Source of Maintenance

The casework and medical programs of the public agencies will be discussed later in this report, but some mention should be made here of the income maintenance function in two groups of agencies: the private family agencies and the homes for the aged. Homes for the aged do not actually provide any substantial money income but, insofar as they give total maintenance at no cost to the resident or to any other agency, they may legitimately be included in this section.

We do not know to what extent the homes provide such care, but it is certain that their role in the provision of totally free maintenance is relatively quite small. Including Oak Forest Infirmary, the total number of older people from Cook County in homes is about 8,600. For approximately 2,270 of these, the OAP program provides income. Among the rest, many have paid lump sum admission fees of varying amounts and others are paying on a monthly basis. It should be noted, however, that frequently the amount paid does not cover the cost of care. This is more and more the case as operating expenses rise and as the residents' average length of stay in the home increases.

The Private Family Agency as a Source of Maintenance

In the last 15 years it has become widely accepted that the private family agency should not be primarily a relief agency. Here in Illinois we are fortunate in that the Cook County Bureau of Public Welfare and the Chicago Department of Welfare have continuously recognized a responsibility for providing casework service as well as disbursing financial assistance. (This is not true in all localities.) During the last war, when relief loads dropped and when the private agencies were faced by urgent and unanticipated demands for service, they were requested by the Community Fund to review their caseloads and transfer to the public agencies the maximum number of cases eligible for public agency aid even though the private agencies felt they required intensive casework. This was done, although at times with misgivings on the part of private agency administrators. At no time have the private casework agencies in Chicago served a large group of older people and it is probable that this added emphasis on not serving persons eligible for financial help from public sources tended further to reduce the likelihood that older people would be accepted for continued service.

Improving Maintenance Programs

When an older person wants help and comes to the private agency, if part of his problem is lack of money, the agency—without any sub-

stantial relief budget—usually refers him to OAP. Most older people seeking financial aid, of course, apply directly for OAP.

The investigation of his application, securing of proofs, determination of eligibility, and final disposition by the case worker require interviews, home visits, and frequently considerable correspondence, depending on the complexity of the situation. Two to three months may elapse between the initial application and the time he receives his first check. At that time he becomes eligible for such additional services as the program offers. Cook County Bureau workers, however, carry caseloads of about 250 people and can do little more than meet emergency situations.

If the applicant is unable to get along in the period before his initial OAP award, it is the responsibility of both public and private agencies to provide the services he needs. The private family agencies serve a few cases of this kind, but usually the older applicant needing help in this interim period is referred to the Chicago Welfare Department for an emergency grant. Again he must be interviewed to ascertain eligibility, and may face another delay before receiving his first tangible assistance. At CWD, too, high caseloads limit the amount of attention that can be paid to problems other than financial.

This description of the usual procedure through which an older person must go to get help reveals a major defect in our social welfare structure. We lack a way to direct prompt and constructive action toward getting the applicant back on his feet in order that he will not remain on the rolls permanently.

Both from the standpoint of the older person and of the agencies, a more prompt disposition of OAP applications is imperative. More adequate service should also be given at the time of application to help the applicant with the interrelated problems which so often co-exist with or grow out of financial need. Our study of older persons known to family agencies provides substantiating data.

It is therefore recommended that Division I call together representatives of the public and private family agencies to seek a way to provide

thorough and constructive consideration of the older person's problems when he first asks for help.

A second and closely related problem is the question of securing more adequate staff in the OAP program. Basically this resolves itself into the problem of securing adequate appropriations from the state legislature for personnel in the Cook County Bureau of Public Welfare.

At the present time the salary scales in this program are low in relation to salaries for similar job classifications in other agencies. Furthermore, these salaries are in no way fairly compensatory for the responsibilities assigned to workers, the training expected of them, and the work they actually do.

As a result, staff turnover is high and continuous. The workers who remain must carry uncovered caseloads in addition to their regular assignments until replacements are secured. The agency must continuously devote time and energy to provide in-service training for these replacements. It is no wonder that caseloads are high and often uncovered. Consequently, casework service lags, or is inadequate, or is done under extreme pressure.

It is well known that public agencies cannot single-handed secure legislative approval of adequate appropriations.

It is recommended that Division I spearhead community support for adequate salaries and adequate staff in the OAP program.

Public assistance programs must be administered in accordance with Federal and State laws. Consequently, the continued eligibility of each recipient must be proven through periodic investigations. Our own research suggests that the OAP worker rarely has much time for service other than checking financial matters and budget changes in his contacts with the OAP recipient.

It is our belief that if the agency were adequately staffed, it could properly carry out all its functions. It could know its clientele well enough to learn of changes in financial or social status as they occur and it could also maintain the desired continuity of service as well. In

such an agency, spasmodic case reviews would be minimized and far less time consuming, and day-to-day casework service could proceed without interruption toward constructive results.

We should like to point out that the State of Illinois does have a responsibility, implicit in its welfare code, for work directed towards the prevention of dependency in old age and towards the rehabilitation of those already dependent. The Cook County Bureau is the local agency appropriate for this work. We further believe that the greatest opportunity for the state to effect permanent, continuing, and substantial reductions in its expenditures for OAP lies in greater emphasis on a preventive and rehabilitative program.

Through the years, Illinois, Cook County, and Chicago have benefited from an exceptionally high quality of organization and administration in their public programs providing financial assistance. We owe much to the business, civic, and professional leaders whose continuing interest has made this possible. It is because of their interest that we have some cause for optimism about removing the difficulties mentioned above.

Footnotes to Chapter II

1. *Fact Book on the Employment Problems of Older Workers,* U. S. Bureau of Labor Statistics, August, 1950, p. 1.
2. 1900 Cook County population 65 and over estimated by Municipal Reference Library; 1950 figure is estimated by Project and assumes that the percent increase in 65 plus group in Chicago (estimated by State Department of Health) from 1940 to 1950 may also be applied to Cook County outside Chicago.
3. Data from U. S. Census Bureau.
4. *Preliminary Report of the Fact-Finding Committee, Illinois Committee on Problems of the Aging,* Chicago, August, 1950, p. 1.
5. Material supplied Illinois Committee on Problems of the Aging in letter from State Department of Public Health, July, 1950.
6. *Fact Book on the Employment Problems of Older Workers,* pp. 4–6.
7. *Preliminary Report of the Fact-Finding Committee,* pp. 1–2.
8. Ibid., pp. 1–2.
9. Ibid., p. 2.
10. *Report of the Counseling Service for Applicants for Employment Over*

45 Years of Age, Ontario Region, National Employment Service, Unemployment Insurance Commission, Toronto, 1948.

11. *Young at Any Age, Report of the New York State Joint Legislative Committee on Problems of the Aging,* Legislative Document No. 12, 1950.
12. Farnsworth Crowder, "California's Pension Mirage," *The Survey,* April, 1949, p. 216; "Nothing's Too Good for Grandpa," *Time,* September 5, 1949; Jim Marshall, "It Pays to be Old in California," *Collier's,* March 26, 1949.
13. Sumner Slichter, "The Problem of Old Age Security," *The Commercial and Financial Chronicle,* Thursday, March 23, 1950, p. 8ff; Dr. Theodore G. Klumpp, "Employment of Our Elderly," in *Birthdays Don't Count, Report of the New York State Joint Legislative Committee on Problems of the Aging,* Legislative Document No. 61, 1948, pp. 163–169; Ewan Clague, "Economics of Old Age," *Public Aid in Illinois,* December, 1949, p. 1ff.; Eric Johnston, press release in *Chicago Daily News,* April 29, 1950); and Leland Hazard, "Pension for Methuselah," speech before National Sand and Gravel Association and National Ready Mixed Concrete Association in Chicago, January 25, 1950.
14. *Young at Any Age,* p. 80.
15. Henry W. Steinhaus, *Financing Old Age,* New York: National Industrial Conference Board, 1948, p. 2.
16. *Some Facts About Our Aging Population,* National Conference on Aging, Federal Security Agency, August, 1950, p. 8.
17. Ibid., p. 9.
18. *Young at Any Age,* p. 19.
19. *Recommendations for Social Security Legislation,* Reports to the Senate Committee on Finance from the Advisory Council on Social Security, Senate Document 208, 80th Congress, 2nd session, Washington, 1949.
20. Preceding comments summarized from "Federal Social Security Act Amendments of 1950," *Monthly Labor Review,* October, 1950, pp. 457–460.

3

Housing and Home Services

Origin of Housing Problems

The general shortage of adequate housing in Cook County has tended to obscure the wide-spread and poignant distress created by the poor housing generally available for the elderly. Considerable concern has been expressed—and rightly so—about the plight of minority groups and veterans, but, to date, little attention has been effectively directed toward the appalling housing needs of our older people.

What makes housing one of the major problems facing old people?

In the first place, it results from *population trends*. The increase in the proportion of older persons in our population has been accompanied by a decrease in the average number of persons in those families as well as an increase in the number of family groups. In this country, most of the families with a male head over 55 or a female head over 45 years old now have no persons under 45 years of age in the household.[1] More than half of those over 65 are heads of families with more older men than women retaining their own households. Fewer elderly men than women live with relatives. Figures show that about 20 percent of all persons over 65 make their homes with relations.[2]

Certain other *social trends* have added to the difficulties of finding suitable homes for older people. These are increased urbanization and

the greatly accelerated mobility of our population. Fifty years ago two-thirds of our older people lived in rural areas. Today, two out of three live in cities. Within cities, older people tend to concentrate in certain areas. (See Table 5.) These are neighborhoods of low rentals, close to shopping facilities and transportation.

The mobility of our people during the past two decades has tended to scatter family members. This separation of children, parents, and grandparents has contributed to the problem. In times of personal emergency, it is less often possible for the older person to receive brief household or nursing service from a relative or to go temporarily into the home of children for care.

Economic trends are a third major obstacle to the solution of older people's housing problems. The decreased financial status of the elderly was discussed in the preceding section. It is worth noting here, however, that in 1944, couples and single persons 60 years and over living in urban areas comprised 26% of the family groups with incomes of $1000 to $1500, 33% of those with incomes from $500 to $1000, and 56% of those with incomes under $500.[3]

Nature of Needs

What kinds of housing do older people need? Various housing and living arrangements are called for—taking into account their physical and psychological status, their economic level, and most certainly their own preferences.

The housing needs of well older people may be met through regular community housing, public and private housing projects (including co-operatives), or through special apartment house projects, cottage plans, and other arrangements in which people of any age might live. Some older people with varying degrees of disability may be enabled to remain in their households with the provision of home services. Others need housing projects particularly designed for them, institutional homes, nursing or boarding homes, and foster homes in family groups.

Because alternative types of housing are possible to meet the needs of many older people, it is impossible to present an exact listing of the number of elderly people in Cook County requiring each kind of housing facility.

Insufficient information is available on where older people in general are living in Cook County and how adequate their homes are. Our conviction that the housing problem is a major one for older people is based (1) on the individual inquiries which have come to us, (2) on the information given us by other social agencies, (3) on our study of older people known to family agencies, and (4) on material received from other communities.

The Working Committee on Aging, of the Federal Security Agency, has made several pertinent comments on this subject. "Housing is not merely shelter; it is also a living arrangement. . . .

"The lack of satisfactory living arrangements is a complex problem for older people. . . . It appears, for example, that most older people do not wish to give up their own homes. . . . For many of them, their home constitutes the last tangible link with the past and offers the primary basis for maintaining and demonstrating independence. It provides social and emotional security and community status. It constitutes, also, one way of remaining in the community of friends and familiar institutions. Older people are also aware of the tensions created when they try to live in small quarters with the families of their children.

"Retention of the home creates problems, however. The expense may be out of keeping with reduced income. The size and inconveniences of the house may interfere with maintenance of health and complicate the problem of care during illness. The fear of lack of care in critical illness is one of the greatest anxieties of the aged." [4]

Activities of the Community Project

Shortly after our program started, the need for better housing for old people was impressed on us in a number of ways. Family agencies

and referral services lamented their inability to secure placement of clients in homes for the aged and in boarding or nursing homes where satisfactory standards were maintained and reasonable rates offered. A few talked wistfully about the possibility of securing foster homes for older individuals who needed congenial family surroundings. Older people and their relatives came to our office desperately asking for help. Finally, homes for the aged and individuals interested in starting institutional or boarding homes brought us a wide variety of inquiries. Was there a need for more sheltered-care facilities? What were necessary and desirable architectural features? What costs were involved? What kinds of staff and program would be needed?

As quickly as possible we collected from other cities information on modern housing arrangements for older people and material on local facilities. It was clear, however, that more detailed and specialized information was required. The subject was referred to the Advisory Committee for its decision as to how far our limited staff should go into this field. The Committee decided that it would be impractical and would limit effective work in other areas to attempt a really comprehensive investigation, consultation service, and promotional program. The Chicago housing shortage would not be solved in the near future. The committee concluded that the wiser course would be to ask an appropriate agency to assume responsibility for collecting comprehensive information on all the housing needs of older people in this area, for providing consultant service to groups interested in establishing or expanding facilities, and for undertaking a long-range promotional program to secure the necessary facilities.

After a review of the groups concerned with housing in the city, the Metropolitan Housing and Planning Council appeared the most logical agency for this task and its Board of Directors acceded to the request of the Project that the Housing Council assume this responsibility. The Assistant Director of the Project has served as consultant to the Housing Council in its subsequent activities. *It is recommended that Division I of the Welfare Council continue to maintain liaison*

with the Metropolitan Housing and Planning Council in studying the housing needs of older people and in promoting the necessary facilities.

When the Advisory Committee came to this conclusion, it decided that the fourth professional person to be added to the staff of the Project should devote the major portion of her time to the institutional homes for the aged. In the meantime the Project had already established an information and referral service relating to housing for older people. This it continued, without, however, going intensively into the subject. The Project had also begun work on the promotion of quarters for single older people in public housing projects and was working spasmodically on the development of services for older people in their own homes.

The Housing Situation of Older People in Cook County

As indicated earlier, we have only fragmentary knowledge of the housing situation of older people. A survey of living arrangements of persons accepted for OAP in Cook County from July, 1941, to June, 1942, found that 61.5% lived with spouse or other relative as compared with 78.4% in the United States as a whole. The survey showed that 28.9% lived alone as compared with a national figure of 17.3% living alone or with non-relatives.

A survey of shelter costs in July, 1949, for 10% of Cook County OAP cases, provides further data. In the most frequently used shelter plan, heat, water, and utilities were included in the amount paid for rent. Twenty-two per cent of the group surveyed lived in such rented units. Next came rented units where water only was included (20%). Free shelter was provided to 13.25%, and 8.5% lived in homes they owned. In the last group, the cost of shelter was less than for any other type of arrangement. The average shelter allowance in any individual grant was $14.18 a month. This represented a range from an average of $3.22 in owner-occupied units to $33.50 for sleeping room only. In this group of OAP recipients, 17.3% had sleeping rooms only, 8.3% had room and board arrangements, and 65.9% had rented units.

In our own study of 552 persons known to family agencies, 34.2% lived alone, 11.4% with spouse only, and 30.7% with relations (which included those living with spouse *and* children). In this group, 287 out of 552 lived in their own or relative's house or apartment and 141 lived in hotels or rooms. Public agency cases tended to remain in independent living arrangements more often and longer than persons being carried by the private agencies. Among the latter, there appeared to be more emphasis on securing protected and congregate care for older clients.

It is significant that in this group of 552 older people, nearly half, or 248, had problems of housing and living arrangements. It is even more noteworthy that only 75 of these problems were met adequately, that 106 were definitely not met, and that for 67 the solution was unknown or doubtful.

It is worth remarking that older clients and case workers frequently disagree about the adequacy of housing and about the kind of living arrangements which would be desirable for the future. Some of this difference in opinion grows out of the difference in cultural backgrounds. About half the older people in Cook County are foreign-born. Many of them are rugged individualists and, in general, they have been less exposed to formal education and are less conscious of "adequate standards" than the agency workers. Sociological studies confirm our own observation that the desire for privacy and independence in living arrangements is strong among older age groups.

A second source of disagreement between older clients and case workers about living arrangements originates in the fact that some older people are unreasonably querulous about fairly satisfactory housing because they have too few interests to occupy their minds and also may be uncomfortable physically. Like soldiers in a period of relative inactivity, their favorite pastime is "griping."

A third cause for difference of opinion is that some workers do not have sufficient understanding of their older clients. At times they tend to be overly protective or to identify with other members of the cli-

ent's family, and to relegate the older client to a plan for a protected living arrangement far too readily. Such workers have often unconsciously adopted the popular misconception that the older person's life is over and that little can be done for him beyond the decent provision of food and shelter.

Individual Problems

The individual difficulties of the 248 persons in the study group who had problems of housing and living arrangements along with 181 additional requests that came to us in the last few years, make up a panorama of misery and frustration. Fear of future insecurity prompted many of the requests for homes for the aged. Many housing problems stemmed from the older person's loss of sight or progressive chronic illness or senility. A few people with cardiac disabilities wanted first-floor rooms. Older people who were blind wanted rooms where they could have necessary help and where they could use talking books and the radio freely. About a quarter of the requests coming directly to us involved nursing or custodial care. Over a tenth of our direct requests were for housing for the senile. In other cases, older people found living with relatives unbearable or relatives found the presence of the older person an intolerable strain. Some were transient, homeless men going from one shelter to another. There were several couples in which husband or wife could not care for an invalid spouse and were seeking a way to continue to live together with some additional help in the home. A great many of these older people required small amounts of personal care or domestic service, but needed such service on a regular and continuing basis. Another group wanted to work for room and board.

A number of requests came from men and women who had been evicted and were depleting their savings in transient hotels. Many of these had found that landlords usually prefer to have employed renters. Some felt unable to stay in their rooms during the day for fear of offending lodging-house proprietors. Parks, libraries, and

railroad stations were their refuge. There they could sit unquestioned.

A large number of older people had been forced to move to unfamiliar neighborhoods in order to get rooms they could pay for. Living in walk-ups, without cooking facilities, without refrigeration, often without enough heat, and without any place to have friends in for a visit, they suffered greatly from shame and isolation.

That housing problems are not limited to the obviously poor was brought home to us time and time again. This was particularly true in requests that came to the staff following lectures to civic and professional groups. Through these meetings we became acquainted with the difficulties of retired or widowed men and women who were living in residential hotels or small apartments. Many of these were realizing with dismay that their industrial pensions or other income, which had heretofore been adequate, could no longer cover increased rentals and increased food costs.

In all of these people, from every social and economic level, we could sense the deep-seated desire for a congenial environment which would provide maximum independence and privacy. They evidenced an equally strong desire for a feeling of security about a place to live now and in the uncertain future, and which would be suited to their physical and emotional needs.

The Urgent Need for Local Action

What are the chances that Chicago will act to remedy this situation? Our own efforts certainly have not met with any heartening measure of success. Forthcoming shortages of labor and materials plus rising construction costs give us no reason for optimism.

In spite of these discouraging factors, we still believe that there should be more strenuous promotion than ever of adequate housing for older people. Even if we disregard the appalling truth that community inertia flatly contradicts our professed belief in human dignity and the value of the individual, it would be sheer folly to ignore the evidence that substandard and inappropriate housing for our older population is costing the community a large and mounting bill in pay-

ment for the resultant deterioration of the population. Furthermore, if this situation continues, it can easily become the source of serious social disruption.

Chicago lags behind other sections of the United States in providing general and specialized housing and living arrangements for its older residents. In New York, California, Florida and Ohio, as well as in several other places, there are a number of well-established—if not comprehensive—programs that have long since demonstrated their efficiency and worth to their respective communities. Notable among these pioneering ventures are Tomkins Square House, the apartment house project of the Home for Aged and Infirm Hebrews, the Peabody Home program, and the Fort Greene Housing Project in New York City; the program of the Benjamin Rose Foundation in Cleveland, Ohio; the co-operative residences in Washington state; the cottage-type plan in Millville, New Jersey; the colony plans in Florida; and the decentralized home program conducted under Presbyterian auspices in central Pennsylvania. In Sweden, Denmark, and England, developments in home services and housing projects provide other examples of imaginative planning in this area.[5]

The Role of the Metropolitan Housing and Planning Council

When the Metropolitan Housing Council assumed the responsibilities mentioned previously, it established a Committee on Housing for the Aged with broad representation from groups interested in this problem: architects, social agencies, planning bodies, and older people themselves. This Committee, after a preliminary exploration of the Chicago situation, set up a Steering Committee and three subcommittees, namely a Legislative Committee, a Committee on Information and Education, and a Public Housing Committee.

Under present Federal legislation, Federal housing projects cannot admit older individuals living alone, since the projects, by law, are limited to serving "families." As new public housing is erected, it is essential that this law be changed in order to accommodate the growing number of single older people. It is also important that architec-

tural planning for projects take into consideration the inclusion of smaller units specifically adapted to older people.

The Metropolitan Housing Council unfortunately has no full-time staff available to implement the responsibilities it has accepted. For this reason, its various committees have met infrequently. It is greatly to be hoped that the board of the Metropolitan Housing Council will find a way to provide more staff time for these committees.

It is recommended that the Legislative Committee of the Metropolitan Housing Council be re-activated, with the immediate purpose of launching a vigorous campaign during this session of Congress for amendments to the public housing law which would permit aged individuals to occupy units in Federal housing projects and which would provide for an equitable proportion of public housing specifically designed for older persons.

If this seems unrealistic, it is worth noting that last spring a small group in Detroit secured amendments to the Federal housing law so that loans guaranteed by the Federal Housing Authority could be obtained by co-operatives seeking to house single persons. Our own experience in exerting pressure for changes in Federal legislation convinced us that well-planned promotional work can have an effect on Congressional committees.

The Chicago Housing Authority has developed a considerable interest in more adequate services for its older tenants. *It is recommended that the Public Housing Committee of the Metropolitan Housing Council work closely with the Chicago Housing Authority with a view to representing the interest of Chicago's older residents in having a fair share of the housing presently available in both the regular projects and in relocation housing.*

We recognize there will soon be great pressures for housing for defense workers. These pressures will tend to obscure the needs of older people. We believe, however, that we cannot afford to neglect housing for older age groups even in an emergency period; every effort must be made to provide adequate housing for all groups.

The discussions of the Metropolitan Housing Council's Committee on Housing for the Aged soon revealed a need for community education for the general public and for special groups. Too many people believe that the only possible living arrangement for an older person with special needs is the conventional, institutional home for the aged. It is advisable that information on the needs of older people for special living arrangements and on possible facilities to meet these needs be collected and made available in a popular form for wide distribution. The Committee on Information and Education has drawn up a proposal embodying this idea.

It is recommended that the Metropolitan Housing and Planning Council seek financial support for the proposal of the Committee on Information and Education to collect information on housing needs of older people and the programs desirable to meet these needs, and to publish a booklet summarizing this material in popular form.

The information included should also cover suggestions as to possible auspices and methods of financing, and attention should be given to adequate standards for the various types of living arrangements described. It should be emphasized that this publication should not be limited to a consideration of housing plans for people with low incomes, since special needs are widespread in all income groups. The memorandum on standards in housing for older persons prepared by the New York Welfare Council provides an excellent starting point for this work.[6]

Proposals for Better Community Housing

During the lifetime of the Project, we have encountered several proposals aimed at the provision of more adequate housing for older people. The Retired Teachers' Association has worked with the Project in exploring the need for a specialized housing project for its membership. After several consultations, the Retired Teachers' Association published some material about possible living arrangements in its bulletin and also has been canvassing its membership to see how many

desire special living arrangements, what types they prefer, and how much they could afford to pay.

We have also been consulted about another proposal being developed by an individual interested in promoting a co-operative residence for older people. A third plan, which has been presented to us, involves the establishment of small boarding homes with varying amounts of service and supervision.

It would be desirable for the Metropolitan Housing Council to review these proposals and explore the possibility of promoting one or more progressive housing projects to provide independent, congregate living for older people, along with the provision of special services.

Such a project might be similar to Tomkins Square House, which has been operated by the Community Services Society in New York City since 1929. This is a specially serviced apartment house for older people with bed–sitting rooms and shared kitchenettes. It has a resident superintendent, who is a trained public health nurse, a maintenance staff of four, three maids, and two cooks for its cafeteria. This venture closely approximates living arrangements in any apartment house, with added advantages of general supervision, availability of food, and opportunity for personal consultation in an emergency.[7]

In Washington state, cooperative, self-supporting residence clubs have been set up with the help of service clubs and the State Department of Social Security. These provide one possible way to help older men and women to secure more satisfactory living arrangements by pooling their resources and by sharing certain expenses.[8] The Fort Greene Homes in New York City, a locally financed housing project, included a section for single persons which demonstrated the practicality of project housing for single older people. The Fort Greene project provides 150 feet of individual living space plus kitchen and toilet, shared baths and laundries, and a common recreation room.[9]

It is suggested that the Metropolitan Housing Council encourage architects and builders to plan single-family houses which are arranged in such a way that they may be easily converted into small

housekeeping units. This type of flexible housing would enable individuals in the future to adjust to the shrinkage of their families and to obtain additional income without the necessity of moving from their usual neighborhoods. *It is recommended that the Metropolitan Housing Council explore the possibility of promoting groups of dwellings for older people, either through remodeling older housing or through new construction.* Such groups could, if properly planned, allow for economical development of joint services (housekeeping, practical nurses, etc.). They should preferably be located near recreation facilities and other group programs.

In many low rental areas of Chicago, where housing is usually substandard, there are concentrations of older people. The Chicago Housing Authority's survey of Chicago's housing needs in 1949 provides information on the large proportion of one- and two-person families and the need for low-cost housing. This survey indicates that the most urgent housing need was found among doubled-up families and families in blighted areas.[10] In both of these groups are many older persons.

The Metropolitan Housing Council has approved a proposal for a survey of what has been done in the United States in progressive buildings designed for older people. This project contemplates collecting such information, analyzing it, and publishing it in book form for the guidance of architects and other individuals and groups who are planning to build facilities for older people. Similar texts are available relating to hospital construction, library construction, and other special fields, but to date this kind of material has not been compiled in this field. The survey plan was developed by local architects in consultation with the Community Project and with the Committee on Housing of the Metropolitan Housing Council. Believing that a survey of modern buildings designed for older people would fill a great need both locally and nationally, we hope that the Board of the Metropolitan Housing Council will continue to seek funds for this proposal. Such a survey would assist in avoiding many errors in planning for older people.

The Role of the Chicago Housing Authority

As the Community Project began to receive requests concerning independent housing arrangements as well as about homes for the aged, we discovered that no formal presentation of the housing needs of older people had been made to the Chicago Housing Authority, which administers Federal housing projects in the city. The Advisory Committee appointed a temporary subcommittee to call this subject to the attention of the Chicago Housing Authority. This committee called on the Housing Authority in February, 1948, and subsequently sent a written communication to the Chicago Housing Authority requesting it to devote as many as possible of its present units to older people, to build more units for the aged, and to give more consideration to the needs of the aged in future planning of construction, programs, and services. The Chicago Housing Authority assured the Project of its interest but informed us of limitations as to possible action. Through this consultation, the Community Project arranged for a program on housing needs for older people at the Regional Meeting of the National Association of Public Housing Officials. This program attracted a great deal of interest and was reprinted in the bulletin of the Chicago Housing Authority, which is distributed throughout the country.

Subsequently, the Chicago Housing Authority surveyed the needs of older people in the Ida B. Wells Housing Project. The results of this survey are discussed in the section on home services. Since that time the Chicago Housing Authority has shown every evidence of a sincere and continuing interest in this problem. *It is therefore recommended that the Chicago Housing Authority follow up its survey of housing needs, made in 1949, with additional investigations to determine the number of older people that live in doubled-up families and in blighted areas in order that future plans for public housing can give adequate consideration to the needs of this age group.*

At the present time families of two persons, including couples, brothers and sisters, cousins, or other relations, may be housed in Federal housing projects. However, with the tremendous housing short-

age, first consideration has been given to families with children. *It is recommended that the Chicago Housing Authority re-examine its tenant selection policy, with a view to giving older persons now eligible a fair proportion of the housing available. It is further recommended that the Chicago Housing Authority, in planning future housing for low-income groups, consider providing small housekeeping apartments for couples and individuals in sufficient number to permit efficient operation of group home services, such as domestic service and home nursing.* This should not be done in such a way as to result in segregation of older people from the rest of the community.

Institutional Homes for the Aged

Not many years ago when homes for the aged provided their elderly "inmates" with merely a place to sleep, food to eat, and chairs to rest in while awaiting the end of their days, communities regarded this as a full and generous measure of service. House rules that encouraged isolation and submissiveness were taken for granted as necessary to the order and management of a group of older people living under the same roof. Since needs of the aged, both physical and psychological, were regarded as few, frugal administrative budgets were accepted as wise planning, without qualms of community conscience. Although, as now, many old people paid for admission to homes with lump sums that were all they possessed, gratitude for care was expected, from the day of admission until the day of death.

In public institutions, especially, sheltered care framed a gloomy picture. Poor-house atmosphere and stigma made up the lot of those seeking protection under their roofs.

Hopefully, the institutional scene is shifting, reflecting changes in community attitudes toward the old. Many directors and board members of homes are looking more critically at the environment enclosed within their institutional walls. More and more are opening their doors to recreation programs, occupational activity, casework, and stimulating program ideas. Not that out-moded theories of group care

of the aged have disappeared; unfortunately they still prevail in many agencies. But the trend is definitely away from them and in the direction of facilities and services which help residents in homes to continue living to their fullest capacities.

Physical Facilities for Institutional Care

Serving the Chicago area are 59 homes for the aged, ranging in capacity from 6 to over 1,000 persons. Approximately 8,600 people live in them. Some of these homes serve people from neighboring counties and states as well as from the Chicago metropolitan area, and a few of them are out of the immediate district, although drawing a considerable portion of their admissions from it. About half are within the Chicago city limits. Others are located in suburban areas, with some of them far out in the country. Generally, homes are filled to their capacity, with waiting lists so long that applicants often are delayed two to three years before admission.

Many Chicago institutions caring for the aged have been in existence since the turn of the century. A number still occupy buildings erected in that period. Some of them have out-moded physical facilities, with insufficient space for recreation or occupational activities. In some there are no elevators and frail elderly residents have difficult stair climbing in their daily rounds.

In others, usually homes of more recent construction, there is every modern convenience with the gracious atmosphere of large private homes or residential hotels. In these, solariums, little theaters, beauty parlors and gardens may add to the opportunities for health improvement, self-expression, and morale building.[11]

Privacy is rare in the majority of homes, as most residents must share rooms or dormitories. This lack of a place all one's own frequently adds to the older person's difficulties. There is usually little space for a favorite chair, or table, or for storage of the souvenirs accumulated through the years.

While adequate buildings are important in institutional care for

older people, still more important are the attitudes and policies that create the atmosphere of the home. Old buildings may enclose dynamic and progressive administrative ideas, while up-to-date, well-appointed structures may harbor a rigid spirit that threatens the emotional security and self-expression of its residents.

Almost half of the homes serving the Chicago area accommodate between 50 and 100 people, with the next largest group of homes falling in the 150 to 200 class. Only five homes offer services to fewer than 25 persons, and eight homes accommodate 200 or more. (See Table 13.)

Relationship between Auspices and Eligibility

Important factors affecting eligibility for admission to most homes are religious, nationality, or fraternal affiliations. In the Chicago area over half of the homes are under religious auspices, and about one-fifth are sponsored by nationality groups. Many fraternal orders maintain institutions for their elderly with membership in good standing usually a requirement for entrance. Other homes are set up to serve special groups of the aged, such as retired business or professional men, unmarried women of "culture and refinement," former railroad employees, soldiers' widows, and the "destitute." Many older people who do not fit into these groups are seeking institutional care in the Chicago area.

Of the 33 homes under religious auspices, 11 are affiliated with the Roman Catholic church, 3 with Jewish groups, and 19 with Protestant churches. Protestant denominations sponsoring homes in this area are: Methodist, Lutheran, Presbyterian, Baptist, Methodist Episcopal, Holland Reform Church, Congregational, Church of God, Episcopal, Evangelical and Reform, and Swedish Covenant. Homes under religious auspices frequently give priority to those whose membership has been with local churches, which means that older people whose church participation has been in other states may never be admitted.

TABLE 13. CAPACITY OF 59 HOMES FOR THE AGED SERVING METROPOLITAN CHICAGO, AND SEX OF RESIDENTS: DECEMBER, 1950

Home	Capacity	RESIDENTS		
		Men Only	Women Only	Both
Total	*8,350*	*2*	*8*	*49*
African Methodist Episcopal Deaconess and Stewardess Home	10		x	
Augustana Home for the Aged	154			x
Baptist Home and Hospital	145			x
Bensenville Home Society	50			x
Bethany Home and Hospital of the Methodist Church	170			x
Bohemian Home for Children and Aged	60			x
British Home	100			x
Central Baptist Home for the Aged	90			x
Chicago Holland Home for the Aged	76			x
Chicago Home for Incurables	189[a]			x
Church Home for Aged Persons	76			x
Cora J. Pope Home	6			x
Danish Old People's Home	54			x
Drexel Home (formerly Home for Aged Jews)	190			x
Eastern Star Home for the Aged	105		x	
German Hungarian Old People's Home	25			x
German Old People's Home	285			x
Godair Memorial Old People's Home	36			x
Holy Family Villa	60			x
Home for Aged Colored People	20			x
Home for Aged and Disabled Railroad Employees of America	119	x		
Illinois Colony Club Home for the Aged	31			x
Illinois Home for Aged and Infirm of Church of God	20			x
Illinois Home for Aged and Infirm Deaf	9			x
Illinois Masonic Home	230			x
Illinois Soldiers' and Sailors' Home	960[b]			x
James C. King Home for Old Men	72	x		
Jennings Terrace	83			x
King-Bruwaert House	79		x	
Lutheran Home and Service for the Aged	79			x
Maryhaven	92			x

TABLE 13. CAPACITY OF 59 HOMES FOR THE AGED SERVING METROPOLITAN CHICAGO, AND SEX OF RESIDENTS: DECEMBER, 1950 (*Continued*)

Home	Capacity	RESIDENTS		
		Men Only	Women Only	Both
Maywood Home for Soldiers' Widows	30		x	
Methodist Old People's Home	150			x
Northwest Home for the Aged	36			x
Norwegian Lutheran Bethesda Home Association	75			x
Norwegian Old People's Home Society of Chicago	98			x
Oak Forest Infirmary	1,600 [c]			x
Old People's Home of the City of Chicago	150		x	
Olivet Christian Center	7		x	
Orthodox Jewish Home for the Aged	230			x
Plymouth Place	54			x
Presbyterian Home	140			x
Sacred Heart Home for the Aged	235			x
Sacred Heart Home	176			x
St. Ann's Home for the Aged	210			x
St. Augustine's House	235			x
St. Benedict's Home for the Aged	40			x
St. Elizabeth's Hospital, Section for the Aged	40			x
St. Joseph's Home (Lemont, Ill.)	76			x
St. Joseph's Home for the Aged (Prairie Avenue)	235			x
St. Joseph's Home for the Aged (Ridgeway Avenue)	170			x
St. Paul's House	63			x
Scottish Old People's Home	50			x
Soldiers' Widows' Home of Illinois	115		x	
Swedish Baptist Home for the Aged	70			x
Swedish Covenant Hospital and Home of Mercy	102			x
Swedish Societies' Old People's Home	115			x
Volunteers of America Home for the Aged	15		x	
Washington and Jane Smith Home	158			x

[a] Excludes 30% under 65 years.
[b] Excludes 40% under 60 years.
[c] Excludes 2400 under 60 years.

This has caused much misunderstanding and unhappiness among many older applicants.

Age, Sex, and Health of Residents

In most of the Chicago homes, both sexes are provided care with only 2 of the 59 homes limiting services to men, while 8 accept only women. Where doors are open to men and women, usually women greatly outnumber the men. An exception to this is the Cook County Infirmary (Oak Forest), where there are many more men than women.

Even though most of the homes accept both men and women, there is a great lack of accommodations for married couples, and a few homes prohibit marriages, requiring that couples wishing to be married leave the institution.

During recent years, the average age of men and women living in homes has been steadily rising. OAP and OASI have enabled many to continue living in the community. Better health has delayed applications for admission and also prolonged life after admission. In Chicago homes, the average age is estimated to be between 80 and 81, with the average at entrance above 70. The majority of these residents are ambulatory. In many homes they assist with dining room and other chores and care for their own rooms.

The proportion of residents in Chicago homes who are bedridden or confined to a chair is difficult to estimate. In a recent study on recreation in 34 Chicago homes conducted by a research seminar at the University of Chicago School of Social Service Administration, bed patients were found to represent less than a third of the occupants. This study included the Chicago Home for Incurables and Oak Forest, which admit largely the infirm. Excluding these two institutions, the proportion of bed patients was about one-tenth of all residents.[12] Admission policies requiring "reasonably good health" for acceptance in most homes accounts for this low proportion to a great extent. Furthermore, a few homes remove residents when they require bed care.

Homes for Minority Groups

Only four small private homes serve aged Negroes in the Chicago area. Most elderly Negroes who need institutional care are referred to Oak Forest, the Cook County Infirmary. The Project has been consulted about ways to provide institutional care for aged Japanese, whose cultural patterns prevent adequate adjustment in Oak Forest. A similar problem exists in the needs of aged Orthodox Greeks.

It is recommended that Division I explore further the need for institutional care for aged Negroes and for aged persons of nationality groups for whom appropriate programs are not now available.

Evolution of Institutional Programs

From the historical point of view, welfare councils' work with older people originated primarily in committees of homes for the aged. When the Social Security Act became law, councils throughout the United States broadened their interest in older people to a certain extent in considering ways to bring about adequate Old Age Assistance programs. In spite of this, in most communities, the homes for the aged remained the focus of council work. This was natural since they were usually the only agencies whose clientele consisted entirely of older people.

Because homes for the aged usually operated under the auspices of loyal contributing groups and because substantial endowment funds were accumulated through bequests and through lump sum admission payments during a period when those admitted did not live as long as they do now, institutional programs for many years enjoyed a financial position that was much more favorable than almost any other type of social agency. Because of their relative wealth, the institutions had little reason to turn to the community at large for contributions. In social work, standards of operation and co-operative inter-agency relationships have been refined and substantially improved most often when approval of programs had to be obtained from the community as a basis for financial support. It is not surpris-

ing, therefore, that homes for the aged, in general, went their own way. Review of the participation of homes in the Committee on Care of the Aged of the Welfare Council, which preceded the Community Project, showed us that a relatively small group of homes had participated in Welfare Council activities. Only 20 of the homes were Council members, and not all of these had been active. Furthermore, only 26 had sought and received endorsements by the Subscription Investigating Committee of the Association of Commerce and Industry. Only 7 homes (2 Jewish, 2 Catholic, 2 Lutheran, and one nonsectarian) participated in the Community Fund.

For several years prior to the establishment of the Project, the homes themselves had maintained an organization known as the Homes for the Aged of Illinois, Inc. Here, too, attendance was small, meetings infrequent, and discussion largely focused on matters of practical management. It is because of these factors that, in general, institutional programs for older people have not developed to the extent found in programs for younger age groups.

Current Admission Policies and Intake Procedures

Admission policies in many homes in the Chicago area contain requirements which prohibit the entrance of large numbers of people who need sheltered care. The "good health" demand, which is in effect in all but a few homes, excludes from entrance many of the chronically ill, while financial requirements limit admissions largely to those who have ability to pay. The practice in many institutions of asking for surrender of all assets is now viewed by some as encouraging dependence and a sense of helplessness. A forward step is seen in a trend toward wider use of monthly payment plans with no lump-sum admission fee. This practice is believed to be both economically and psychologically sound. Approximately half of the homes in the Chicago area accept a proportion of public assistance recipients, some limiting the proportion to one-third or less, others making no distinction in the proportion accepted.

In a recent study of intake procedures made in 20 Chicago homes by a research seminar of the University of Chicago School of Social Service Administration in co-operation with the Project, it was shown that all the institutions surveyed were concerned with requirements on age, health, and finances. At least half of the homes have criteria for place of residence, "character," and religion. Race is specifically mentioned by only a few homes, although restrictive tradition amounts to a racial requirement in the practice of most of them.[13]

In any consideration of intake policies it is important to have as clear a view as possible of what older people feel they need and want when seeking admission to a home. As in most areas of service for the aged, institutional planning has proceeded largely without benefit of participation from the group of people most concerned. In this connection the study on intake in Chicago homes made by the research seminar of the University of Chicago in co-operation with the Project had a unique feature with a section devoted to obtaining information and opinions from a group of elderly people on waiting lists of institutions. The interviews were focused on the present circumstances and the need of these people from their own viewpoint. Findings yielded many valuable glimpses of situations that led to applications and pointed up the individual differences in older people's wants and needs. A close look at these case studies serves to dispel the old assumption that people, in some mysterious fashion, become alike in their later years. As Helen Brunot expresses it:

> "The first requisite to a more intelligent and humane community program of services aimed to benefit aged persons is a recognition of their individuality as persons. No program based on the implied or explicit assumption that all persons over the age of 60 are alike in personality, problems, or needs, can possibility contribute effectively in service to the half million aged members of our community." [14]

A review of current intake policies clearly indicates the need for further study and evaluation of this important phase of institutional service if our homes are to be used to the best advantage. In the

Institutional Seminar for board members and directors of homes for the aged, sponsored by the Project, a Committee on Admission Policies was established for this purpose and later was temporarily merged with the Committee on Standards. Members of these committees wish to continue work on this subject. *It is recommended that Division I provide professional assistance to the Committee on Admission Policies in continuing its program. It is further recommended that additional research in this area be encouraged in the schools of social service.*

Internal Programs

Social services in homes for the aged, including casework, recreation programs, and occupational therapy, are becoming recognized more and more as helpful, not only to the elderly who participate, but to those who have responsibility for their care. This follows from the growing awareness that idle, lonely, or emotionally disturbed people of any age are difficult to deal with and constitute problems, not only for themselves but for those about them. A wider understanding of the rewards to management that follow from many of the newer concepts of program planning is helping open the way for the fuller acceptance of social services in homes for the aged.

Within the last few years, a growing number of Chicago homes have sought to re-evaluate their programs in line with more modern concepts of care of the aged. Rules and regulations in a number of institutions have been rewritten to delete the word "inmate" and to take into fuller account the individuality and dignity of the elderly resident.

While only ten Chicago homes have occupational therapy departments, an increasing number have provided craft rooms and workshops. A few homes have group or recreation workers and a handful of them have the services of a case worker. In a growing list of homes, committees of residents have been formed to help plan their own activities. However, still within the Chicago area are homes with

vestiges of old restrictive rules and regulations—requiring all lights out at 9 o'clock, segregating dining and recreation rooms for men and women, and permitting only one day a week for visiting "off premises."

Interpretation of the role of social services in homes for the aged is frequently difficult. Many directors and board members still regard these services as nonessential. Accent in the Institutional Seminar meetings for board members and directors sponsored by the Project was placed originally on practical aspects of home management, an area in which there was ready interest. In these practical discussions, however, goals of service to the individual soon become apparent. In discussing resident activities, the "tensions involved in idleness" were talked of and questions arose as to what occupational therapy could do. Some of the perplexing questions of personality problems with which management is concerned, brought further descriptions of the case worker's role in a home. Gradually, interest increased and deepened as to ways in which social services could strengthen institutional programs.

In Chicago, three family agencies have a co-operative casework relationship with the homes for the aged affiliated with them. Only a few homes have case workers attached directly to their staffs and usually on a part-time basis. Since 1947, the Catholic Charity Bureau has had a department on services to the aged with case workers making referrals to Catholic homes and boarding facilities. This agency is now doing intake studies for two homes. The United Lutheran Social Mission has a worker to explore community possibilities for boarding-home placement of older people and to make referrals to homes. The Lutheran Charities Federation, in its central office, also assists in planning living arrangements for older persons. The Department for Care of the Aged of the Jewish Family and Community Service makes studies of all applications for admission to the two affiliated Jewish homes. Case workers from the department are assigned to spend time each week in these institutions.

Services of a case worker are needed in homes for the aged not only at the time of admission but to help residents with their initial and continued adjustment to group living.

In a statement by Edith Holmes, the importance of social services in an institution for the aged is given emphasis.

> "A home for the aged has as much need for professional service as any other social agency. For the old person seeking a new way of living, such a home is a solution to his problem only insofar as it answers his particular needs and desires and provides the stimulation to help him remain as alert and active as his mental and physical powers permit." [15]

Continuing work with homes on the use of social services is required. The Institutional Seminar for board members and directors sponsored by the Project is the logical focus for this long-range program. *It is recommended that Division I provide adequate staff assistance to the Institutional Seminar for the promotion of social services within homes for the aged.*

The Orthodox Jewish Home for the Aged plans to reach out into its neighborhood to offer an activities program and other services to additional old people. The principal expansion item is a special bus, which will transport the senior citizens to their community center in the home. Thus services of the institution, which include recreation and occupational activities, medical facilities, physical therapy, comfortable rooms for lounging and dining with contemporaries, will be made available to a much wider group with a comparatively small financial expenditure by the home.

It is suggested that this development be observed carefully by the Institutional Seminar. Further experience may indicate the desirability of other homes extending their programs in a similar way.

Expansion of Institutional Facilities

Close to half of the homes in the Chicago area are either contemplating expansion within the next year or two or have recently completed a building project.[16] Despite current construction problems,

building expansion is now in every stage of development from fund raising and ground breaking to dedications. Some of the plans call for an entirely new plant from the ground up with the scrapping of structures that are as old as the century. Other institutions contemplate a new dwelling or infirmary wing or merely the conversion of space from one use to another. Bethany Home and Hospital of the Methodist Church and the Swedish Baptist Home have added a few apartment units. Plymouth Place (Congregational Home) broke ground recently for the first of a colony of cottages which will eventually form a cluster about the main buildings. Bensenville Home (Evangelical and Reform Church) recently embarked on a decentralization plan—the first of its kind in this district—which includes sponsoring a number of smaller units throughout its area of service rather than having one central building.

Five new institutions for care of the aged are expected to open their doors in the Chicago District before the end of 1951, greatly enlarging the capacity for group care of the elderly. Three are under Catholic auspices, one is Jewish, and one is nonsectarian.

Development of the Institutional Seminar

The situation regarding homes for the aged when the Project began has already been described. Some homes, unfamiliar with each other and with other social agencies, were inclined to distrust the Welfare Council as a professional, standard-setting agency. When our own comprehensive objectives were announced, there were a few who wondered whether we were going to tell them how to run their programs.

The Community Project, of course, was primarily interested in working with the homes so that their facilities might be used to the advantage of the total community. In June, 1947, the Project called a meeting of the directors of the homes to explain in more detail our over-all plan. We explained that we did not, at the time, have the specialized knowledge nor the inclination to speak authoritatively

about the way in which the various programs should be run. We offered the services of the staff for such work as the homes themselves would feel useful to them. We asked for their co-operation in giving us material so that we would have a better idea of what the institutional facilities for older people were in this area.

One of the most heart-warming experiences in our program was the development of the Institutional Seminar. At the first meeting, there were not more than 25 people and about a dozen or so homes were represented. This winter our maximum attendance was 150 individuals, of whom approximately half were board members. Among these board members, approximately 30 were businessmen.

At the initial meeting the home representatives decided they would like to try a few experimental meetings the following winter to discuss common problems. To these meetings all the homes serving the Chicago area were invited, whether or not they were Council members and whether or not they met approved standards. The representatives of these homes constituted themselves an Institutional Seminar group. Meetings were held in the various homes and a Program Committee was set up to decide which topics would be of most interest. Subjects that were discussed included such topics as occupational activities for older people, the home as part of its community, expansion,[17] admission policies, administering a home for elderly people, resident participation in home activities, and public relations.[18]

As discussions proceeded, and particularly after the addition of a fourth professional staff person in 1949 to work with the homes, participating agencies showed growing interest in the improvement of their programs and in securing information from other areas of social service. In 1950, three additional committees were established in the seminar group—the Committee on Admission Policies, the Committee on Standards for Homes for the Aged, and the Committee on a Manual of Information on Homes for the Aged.

As the Project drew to a close, the Institutional Seminar went on record recommending that its work be continued within the Welfare

Council and requested the Welfare Council to provide adequate staff assistance, not only for the homes for the aged, but for other types of programs which the homes felt contributed to their own programs. This broadened perspective which developed in the Institutional Seminar also manifested itself in its resolution to invite other agencies and individuals interested in promoting better services for older people in all fields to meet with them in a more comprehensive organization in order that information could more easily be communicated between the various fields. *It is recommended that Division I of the Welfare Council provide adequate staff assistance to continue the broad program of the Institutional Seminar.*

Other Questions Related to Homes

In the institutional field the present prospect as to improvement of programs and facilities is most promising. A few further topics require emphasis. The recent Social Security amendments provide for reimbursements for care of older people in approved institutions. This demands formulation of standards to be complied with by 1953. This, in turn, requires careful and continuing development of standards if our local institutions are to be eligible.

We have not discussed the medical programs of homes since this is included later in the Health Chapter. We would, however, like to point out that one of the big questions in this field is how far a home for the aged should become an institution for the chronically ill. On one hand, the idea is being accepted more and more that homes for the aged should care only for people who cannot maintain themselves in community life because of physical or emotional difficulties. On the other hand, if homes admit an increasing number of older people with physical disabilities, they must solve the problem of determining how much medical care they will provide and how long they will keep residents with increasing disabilities in their homes.

A third question is how to procure more effective licensing of institutional programs. Licensing of homes is the responsibility of both

state and local authorities, with approval from three separate official departments as necessary steps. Sometimes there is confusion between the requirements of one interested department and another, and the managers of institutions are left at times to struggle with conflicting demands. Where three or more unrelated people who are "aged, infirm, or dependent" are given care under the same roof, permission to operate must be granted by the city if the home is in Chicago, or, if outside the metropolitan area, by the State. Approval from the Building, Fire, and Health Departments must be stamped on an official paper before a home has the necessary legal permission to carry on operations.

Inspection by the Building Department is made only at the time of construction or expansion, while the Fire and Health Departments are responsible for a yearly check-up. Many homes now operating do not meet conditions of the present building code, as their approval was given during an earlier period of construction standards. In some of these older homes, housing features are a worry to the city or state fire marshal, who must devise ways to bring adequate protection to residents.

In the concern of the Health Department to insure a healthful environment, inspection and reporting are written up to cover not only the usual sanitary measures of good water, food, adequate plumbing, but general maintenance and personnel as well. Under the latter heading, further improvement of services could be made if closer definitions and interpretations of job qualifications were worked out by special service and Health Department representatives in a community. Qualifications for a superintendent of a home, for a practical nurse, for a medical supervisor, all call for more defining if they are to have meaning in terms of adequate personnel. It is recognized that the intangible elements that go into the making of a good program in a home are difficult to bring under licensing regulations. More adequate follow-up and enforcement of requirements now on the books would be desirable; however, more strict enforcement of all regulations

would close many institutional, boarding, and nursing homes, and the older residents might be forced into even less desirable living arrangements.

Boarding Homes

For older people wishing less protected care than is provided in the institutional home for the aged and for many who are unable to obtain admission to an institutional home, the boarding home is a frequent solution.

What is a boarding home? Usually the term refers to a small home offering room and board and a varying amount of personal service. Agencies do not generally agree as to the distinction between a boarding home providing some practical nursing care and a nursing home. Many people who start out to operate boardinghouses for the elderly find their establishments turning into boarding homes as services are required and then into nursing homes with the advent of more serious disability among the residents.

We have no way of knowing the number of boarding homes in this County nor how many older people live in them. Requests which came to us from individuals and their families as well as information given us by family and referral agencies showed a great lack of satisfactory boarding homes at reasonable rates for older people who required *some* measure of supervision or care although they did not need more formal nursing home service.

Boarding homes (like nursing homes) are usually operated on a commercial basis. We have received a variety of requests for information from boarding home operators or from individuals considering opening such homes. These inquiries concerned licensing, admitting policy, costs and rates, internal program, etc. Several such people have participated in the Institutional Seminar for board members and directors of homes for the aged and other Project activities to learn more about care of the aged. It is apparent that these people need agency help with their problems.

Agency-sponsored Boarding Homes

Boarding homes need not always be operated by private individuals on a commercial basis. They could well be run by family agencies, by institutional homes, or by civic or church groups. In Cleveland, the Benjamin Rose Institute, under the sympathetic direction of Margaret Wagner, has been operating Belford House for more than a decade. Here older men and women can have not only room and board, but also understanding counseling and health supervision. The cost of operation is less than it is frequently necessary to pay for far less pleasant care in the average commercial home.

Here in Chicago, the new decentralized plan of the Bensenville Home will resemble this pattern. The Home for Aged Jews (Drexel Home) in cooperation with the Jewish Family and Community Service inaugurated a similar program for people who apply for admission, but who obviously do not yet require that much protection. Interestingly enough, such limited experience as agencies have had with these programs indicate that many such applicants *never* come to need the institutional care they originally asked for.

Why don't more family agencies and institutional homes consider meeting older people's needs in this way? To establish outposts for homes for the aged would often be less expensive than expanding the central building. Specialized staff workers could serve both programs and boarding home residents could participate in the group activities at the central building. Family agencies could do a much more constructive casework job than if the client were unhappily and sometimes expensively housed in a commercial home. Finally, boarding homes can be established in different neighborhoods, so that the older person has a better chance of staying in familiar surroundings.

Proposal for Boarding Home Study Program

We believe development of good boarding homes has been slow because not enough is known about the possible operation of such homes and about their program potentialities.

It is therefore recommended that a special boarding home study program be established under competent auspices. This program should study the requirements of persons living in boarding homes and of those seeking care in them. Study should also include the functions such homes should serve as well as the actual operations of homes now in existence. Study should cover management problems and costs in establishing and operating boarding homes as well as desirable relationships between boarding homes and other institutions and agencies which offer services for older people. It is recommended that Division I of the Welfare Council implement the planning of this study.

In line with the study, consideration should be given by the Welfare Council to the problem of home finding on a neighborhood basis, training facilities for boarding home operators, and desirable adaptations of boarding home programs for various cultural and economic levels.

Foster Family Homes

To many older individuals, life could give no more cherished blessing than to be restored to living in a family group. These are people who are miserable when living completely alone, yet almost equally uncomfortable in congregate care. The answer is the so-called foster family home. Social agencies, however, are extremely pessimistic about foster family home programs. They emphasize that families with extra rooms and wishing extra income usually want children and find older people less acceptable.

It is certainly true that an intelligent home-finding and placement program demands patience, discrimination, and casework skills. The value of a good foster home program for older people is so great that more attention should be given to this subject locally. None of the Chicago agencies have developed substantial programs of this kind so far, although the Jewish Family and Community Service has used a small number of foster family homes for quite a few years.

The Benjamin Rose Institute has pioneered in this field with considerable success, even to the extent of placement of the senile. Margaret Wagner, in discussing the difficulties and rewards of this work, points out that "The foster home serves best when independence is first given up, until increasing infirmity or senility makes living in the family group difficult."[19] It is suggested that Division I of the Welfare Council request an appropriate agency to assign a staff worker to conduct a foster-home-finding program on a full-time basis for a two-year period and to carry on an educational program with foster home operators.

Home Services

The early part of this chapter points out that a large proportion of older people live in their own establishments. Approximately half are either living alone or with husband or wife only. The next largest group live with children or other relatives. Many older people living alone or with an aged spouse cling to their independence even when they are no longer able to perform all their household chores, their marketing, and their preparation of food. There is often great resistance to a change to boarding home, nursing home, or other protected environment—even when continued independence is obviously dangerous. Yet services which would enable the old person to maintain his independence in reasonable safety and comfort are largely lacking in this area.

The Project's study of the needs of 552 older persons known to private and public family agencies revealed that when these persons needed personal services, the facilities usually offered by the agencies were congregate types of living arrangements—either institutions, or nursing or boarding homes. When such facilities were not indicated or when they were refused by the client, services needed in the individual's own home to help him remain safely independent were usually not available.

Services needed in the homes of these elderly people varied in kind

and in degree. Some needed temporary nursing care; some needed help with housework, because of disability caused by short-term illness, accident, or chronic illness which made it impossible for the aged person to perform all household chores for himself; some needed help with marketing, particularly during bad weather or when ill; some needed help with cooking. Elderly couples living alone were sometimes managing with great difficulty to care for each other.

For none of the persons living alone had the agencies, either public or private, been able to provide continuing help in their own homes. Among the public agency cases, several had help from neighbors, friends, or relatives with household chores, marketing, or cooking. All of these were on a volunteer basis and for some there was no indication whether the help was occasional or regular. Some whose record showed need had no help from any source.

The home services discussed below call for development or expansion in the Chicago area. Some are now available on a limited basis to certain groups of older people. Expansion of these and development of others merit the attention of the community. The different services lend themselves to different kinds of sponsorship. Costs of services vary with skills needed and time required. Other home services will be discussed in more detail in the chapters on Health, Recreation, and Education.

Domestic Help and Marketing Services

These terms are not familiar in welfare terminology. They are used deliberately to avoid confusion with agency-sponsored "housekeeper" or "homemaker" services, terms which are used interchangeably. It is said frequently that housekeeper or homemaker services must be operated in close co-ordination with a casework program; that they must be supervised by trained personnel; that they are expensive and, therefore, can be made available only to the most urgent cases. The advantages of services so organized and supervised are recognized. It is also recognized that funds are not in sight, from either private or

public sources, to permit the development of these services on a scale large enough to meet the needs of all older people. Yet many older people urgently need help now. Community efforts should be made to develop some of these services even though funds or personnel are not available for an ideally perfected program.

The Project participated, on a consulting basis, with one local attempt to provide some domestic help to a group of feeble old people. A history of this effort may clarify the point of view set forth here.

About a year ago the staff of the Chicago Housing Authority made a survey of the older residents at Ida B. Wells project. They found 137 old persons living at the project, most of whom received Old Age Pensions. The remainder had incomes equally limited, from private pensions or other sources. One-fourth were visited and interviewed.

In the group surveyed there were some elderly couples and some widowed persons living alone following the death of the spouse. In the latter situations, efforts were made to help the aged person find a relative who could share the apartment and who would be acceptable to the tenant. In some instances, this was another elderly person.

Among the group visited, most of them needed some help in the home either occasionally or regularly. A few had help from interested neighbors or relatives. Several had no help at all. As in the study made by the Community Project for the Aged, needs varied from those who required the help of someone to run errands when they were ill to those who needed someone to keep the house clean, do the marketing, or prepare at least one meal a day. One elderly couple, both too ill to do much for themselves or each other, refused to discuss any change to a nursing home or other protected arrangement even if it could be arranged.

There were no organized services in the community available to these people. From a conference with Cook County Bureau of Public Welfare, it was learned that in some situations the cost of home services might be included in the Old Age Pension grant. If an OAP recipient was ill and the attending physician recommended that he

needed certain personal services, consideration could be given to including in the grant an amount to pay for these services. First, the ill person or his relatives or friends must find someone who would give the service recommended by the physician, and secure approval of the agency for employing the person for a specified number of hours. The employed person submitted a bill after the services had been performed. An amount to cover this cost was included in the recipient's next check.

The welfare agency, which had not up to this time been authorized to develop a housekeeper or homemaker service, pointed out several problems. The client must find the person to do the work. The hourly wage was small. The person employed must wait for two or three weeks for her money. The money was paid to the client, and, if through misunderstanding or because of unexpected expenses, the money was used for other purposes, the person who performed the services had no recourse. This system has worked best where there is a continuing need for service, since, after the initial waiting period the employed person can be paid regularly. The running of errands, such as marketing, could not be included for those on Old Age Pension, but could be provided for persons receiving help under the Blind Assistance Program.

In an effort to develop a pool of persons interested in participating in a home-service program, it was decided to ask a nonsectarian private agency which had an organized housekeeping service to provide a training course for persons recruited by the Housing Project staff. Recruitment would be chiefly from within the Housing Project, from women who had a few extra hours a day and who could earn a few dollars without traveling far. Although this suggestion did not receive the full approval of the private agency, some progress has been made in recruiting and training women for this service.

The Housing Project in the meantime secured the co-operation of the Girl Scouts to run errands for the older people. Cards were given old people who required this help. When they needed an errand run,

the card was put in a window and any Girl Scout who passed was to stop and do the errand.

Presently, an effort is being made to develop a volunteer domestic service program through the Housing Project's Women's Service Club. Agencies which have housekeeper services, the Volunteer Bureau, and the American Red Cross will be requested to co-operate in providing training. Supervision will be given by the Housing Project Staff. This effort was approved by a committee representing several of the agencies to be involved.

The survey at the Ida B. Wells project serves as an example (1) that needed services are not available to older people; (2) that urgent need exists; and (3) that services must be developed even if they do not meet recognized standards.

It is our conviction that there are many older people who need help with housework, marketing, or other errands who are themselves capable of supervising the work of the person who helps; that such help would enable them to remain independent; that such help can be provided without expensive training and supervision; and that, at least until such time as the community develops sufficient organized and supervised housekeeper services, every effort should be made to develop some of the needed domestic aids. *It is recommended that Division I of the Welfare Council explore the possibilities of establishing domestic home services through appropriate agencies.*

Consideration should be given as to how and under what auspices either volunteer or paid services can be developed. Volunteer efforts by women's church groups to serve their own members should be initiated. Community councils might consider this as a project for improving the conditions of old people in their own neighborhoods. The Chicago Housing Authority should use the knowledge gained at Ida B. Wells to extend this kind of planning to other projects. Older people's groups or clubs might organize such a program in their own neighborhoods. Neighborhood houses and community centers might provide leadership for such efforts.

Emphasis should be placed on the helping or service aspects in recruiting for either paid or volunteer services.

Homemaker Services

Three private agencies and one public welfare agency have housekeeper services in the Chicago area. One private agency provides services to a few of its own older clients. The Chicago Department of Welfare can provide service to its older clients who need such help for a temporary period because of acute illness. In both agencies, the larger part of services available go to families with small children.

Consideration has long been under way for establishing a similar service in Cook County Bureau of Public Welfare. *It is recommended that housekeeper or homemaker service be established in the Cook County Bureau of Public Welfare, and that the OAP recipients be given the same consideration as younger clients.*

More detailed consideration of these services will be found in Chapter IV.

Other Services

A "sitter service" for chronic invalids, who are being cared for by their families, would often relieve the strain on the persons providing care by giving them an opportunity to get away from home for business or recreation without constant worry about the invalid. Such service would also be valuable in situations where all adult members of the household are employed, and care is needed for brief periods for the aged parent during illness or convalescence.

One such service has been organized in Hyde Park, Family Sitter, Inc., by two social workers who take responsibility for recruiting and training responsible sitters. Fees include a charge paid the Sitter Service as well as the salary paid the "sitter." Planning for this kind of service must recognize that much more than "sitting" is involved. The duties require careful training and interpretation.

In areas where few families could afford to hire a "sitter," consider-

ation might again be given to developing such service on a volunteer basis. Again, women's church groups, other women's clubs, and older people's groups might find this a worth-while area of service. Leadership might be given by neighborhood houses and community centers and by the Chicago Housing Authority for certain projects where need was indicated.

Programs in Other Countries

From England, particularly, we have information about home services for older people. Voluntary societies and government agencies work in close co-operation in the development of services. A program is developed in one area by the government bureau with representatives of voluntary societies on the advisory committee, in another by a voluntary society with the government agency paying the fee for persons unable to pay it themselves.

Domestic service holds an important place in this planning. A report from Bristol, where the home-help program was sponsored by the Council of Social Service, showed help going to many old people over extended periods. Help given was chiefly for cleaning but included help with cooking, shopping, and mending. In some cases, in co-operation with the visiting nurse, it included caring for invalids.

A "Meals on Wheels" service was frequently sponsored by voluntary societies or church groups. Low-cost hot meals were taken to infirm, elderly persons by mobile canteen and were purchased by the aged at a cost within the resources of their Old Age Pensions. This service was given without regard to income. Inability to cook or shop, infirmity, and old age were the only qualifications necessary.

Lunch clubs, also serving low-cost hot meals, were sponsored by various voluntary groups. These served the double purpose of providing well-balanced meals to single persons who frequently would not trouble to prepare them for themselves. This service also provided opportunities for new friends and companionship to otherwise lonely and isolated oldsters.[20]

The limitation of low-cost protected living arrangements and the happier adjustment of older people who are able to remain in their own homes make it essential that agencies serving older people devote imaginative and constructive planning toward the creation of needed home services in Cook County.

Footnotes to Chapter III

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15. Edith Holmes, "Intake Policies in Private Homes for the Aged," *Individualized Service for the Aged,* New York: Family Welfare Association of America, 1941, p. 29.
16. *Additions to Institutional Facilities for Older People in the Metropolitan Chicago Area,* Community Project for the Aged, January, 1950.

17. I. S. Loewenberg, *The Ideal Home for the Aged,* Community Project for the Aged, January, 1950.
18. Mary Thompson, *Interpretation to Applicants, to Residents, to Board, to Staff,* Community Project for the Aged, March, 1948; Warren Thompson, *Interpretation to the Public,* Community Project for the Aged, March, 1948.
19. Margaret Wagner, "Foster Home Care for the Aged," *Journal of Social Casework,* October, 1946, pp. 238–242.
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4
Health

The Mystery of Aging

Since long before the days of Ponce de Leon, men—and women—have been wistfully trying to avoid the destructive effects of old age. Witches' potions and plastic surgery, endocrine creams and magic baths, setting-up exercises and miracle diets—to all of these, thousands have appealed to turn back the irreversible accumulation of years. And looking about us, we are struck by the uneven effect time has had on those we know, and we wonder why.

What is the answer? Why should Joe Smith be so much older than John Brown, when they were both born in the same year and when, apparently, they have shared equally in the blessings and burdens life brings with it?

Despite the attention men have lavished on this subject for centuries, the actual nature of aging—the specific reason why we become *old* as we move through time—remains a mystery. All over the world physicians and psychiatrists, biologists and psychologists are going more and more intensively into the subject; and, if no final answer has come out of their researches, still they have given us some tremendously significant information about the ways we age and about the

factors which contribute to growth and dissolution as we continue to live.

Aging and Illness

The broad study of aging is called *gerontology*. Currently, three subsections of the general field are identified: (1) the biology of aging, as a process or series of processes; (2) the social and economic aspects of an aging population; and (3) *geriatrics,* which is the "clinical application of our knowledge of the biology of senescence to both normally and abnormally aging men and women." [1]

Within the field of geriatrics, emphasis quite naturally was first placed on removing disabilities that come with age, that is, on treating disease in old people. As knowledge grew, attention began to be given to the prevention of these disabilities. Along with this came increased study of the aging process in the human being. Finally, as laboratory research is continually refined, medical men are recognizing more and more the need for additional information about the interrelationship of psychiatric and physical elements and about the interrelationship between socio-economic factors and old age in the individual.

With progress in diagnosis, many disabilities that were once regarded as an essential part of aging have been isolated as illnesses that are superimposed on the aging process. Dr. Frederic Zeman says, "I have long made it a habit to speak of 'disease in the aged,' rather than of the 'diseases of old age,' because, to use Worcester's words, 'There are no diseases peculiar to old age and very few from which it is exempt.' The erroneous belief that old age and sickness are synonymous leads to serious mistakes on the part of both patients and physicians." [2]

Kinds of Aging

Dr. C. Ward Crampton has pointed out that, to date, seven different kinds of aging have been recognized. First, there is *chronological age,* which refers to the number of years a person has lived. Second is

anatomical age, which refers to the anatomical development and decline of cells, tissues, and organs. Third comes *physiological age,* which refers to function. (For example, changes that occur from maturity to senescence to senility.) Fourth, there is *psychological age,* which pertains to the mental and emotional phases of life. Fifth is *pathological age,* relating to the aging resulting from illness and disabilities. Sixth, there is *statistical age,* referring to man's life expectancy. Seventh, there is *hereditary age* which, according to Dr. Crampton, may be used to modify statistical age by taking into account the length of life of one's ancestors.[3]

Health Needs of Older People

The health needs of aging man have, in recent years, been closely identified with the needs of the chronically ill. This identification of chronic illness with age is somewhat unfortunate in that it obscures certain other very important needs of older people so far as physical and mental health are concerned. While it is true that old age is characterized by chronic illness to a greater extent than earlier periods of life, nevertheless, as Dr. Zeman has pointed out, chronic illness is not confined to the old, nor is it necessarily true that age must bring with it specific chronic illnesses.

Older people's health difficulties include almost all the illnesses and disabilities found in younger age groups. Consequently, we face the same problems of securing adequate treatment for acute illness in older people as we do with any other group in the community. However, such social and economic factors as low income, isolation, poor housing, and emotional distress are particularly likely to hinder the medical treatment of the aged and to retard convalescence.

In addition, certain intrinsic factors impede successful medical care. Dr. Edward J. Stieglitz has summarized these from the physician's point of view. He points to the variability of the individual and the fact that this variability increases with advancing age. He notes that the physician must not forget the effects of yesterdays, which increase

this variation and demands an individualized approach to the patient. Since there is a gradual decline in the responses of the organism to maintaining internal equilibrium, symptoms are less conspicuous, a fact which affects diagnosis, treatment, and prognostication. Since symptoms are often mild, older people may delay in seeking medical care. Furthermore, the older person needs more time to repair the effects of illness. Stieglitz also points out that in young people the cause of disease usually comes from without and that, in contrast, the so-called degenerative diseases usually come from causes that are "endogenous, obscure, cumulative, and multiple," with many superimposed factors. Their origin is often far in the past. All these factors add to the difficulty of building adequate health programs for older people.[4]

The interrelationship between health problems and other problems was shown over and over again in our study of older people known to family agencies. In this group, 430 people were known to have health problems. Among the 37 continued service cases who came to private agencies because of a health problem, 25 also had housing problems; 33, financial problems; 20, problems of personal adjustment; and 29, problems involving personal care and supplementary service. Analyses of the individual cases showed even more closely how economic and personal problems affected the health of the older individual and, conversely, how illness affected the economic and social situation of the individual.

The Goals of a Community Health Program for Older People

What we have said so far indicates the major aims towards which a community health program for older people must be directed. First, there is the need for preventive programs. These include health education of younger people as well as of those in the later years. Among the most important elements of this program are nutrition, education, and regular health examinations, including stress tests.

Dr. William F. King, former Director of the Division of Adult Hy-

giene and Geriatrics of the Indiana State Board of Health, has said:

"A physical examination should be more than an inspection, more than a determination of the presence or absence of disease. It should be, in fact, a health consultation between the individual and his physician in which the patient and the doctor talk over and study all matters that concern the health of the patient. It should be a health consultation in every meaning of the term. This means that both the physician and the patient should not only be interested, but also should take whatever time and make whatever effort may be necessary to obtain a true health inventory of the patient—a correct measure of the ability of the patient to stand up under the strain of physical and mental exertion and to detect any beginning functional or organic change in order to guard, as far as possible, against damaging changes. Pediatricians have shown that apparently healthy and well babies and children can be made even healthier and stronger, and thus be better fitted to meet the demands of adult life. Constructive medical guidance and health supervision applied to adults throughout the critical years of maturity should make apparently well men and women healthier and better prepared to add useful, happy life to added years." [5]

The second major aim of the community health program is the restoration of health through treatment programs.

Dr. Stieglitz emphasizes the need for a more positive approach on the part of the individual and on the part of the physician to the health of the older person. Stieglitz rejects the definition of health as "that state of being in the absence of disease" and prefers to say "that optimum or perfect ideal (which may be approached like infinity, but is never attained) may be defined as that state of being in which all the reserve functional capacities approximate the maximum for the species." [6] Periodic health examinations, adequate nutrition, and skilled diagnosis and treatment should all be combined in a constructive approach to the health of the older person.

Activities of the Health Division in Relation to Older People

The activities of the Community Project for the Aged in the health field have been less extensive than in other areas of work and our comments and suggestions are therefore less comprehensive. The major reason for less effort on our part in this important field was that

there were several dynamic programs and studies in the health field directed toward the improvement of services that provided care for older people along with the rest of the population.

Division II (the Health Division) of the Welfare Council has long been working actively for more and better care in hospitals and clinics, in medical social service departments, in governmental programs (such as the medical programs of the public relief agencies, Oak Forest, the Chicago Health Department, Cook County Hospital), as well as for the promotion of health education.

In recent years the activities of the Health Division resulted in the monumental Chicago–Cook County Health Survey, which was made by the United States Public Health Service.[7] This was completed in 1947, and work is now going on to implement the widespread recommendations contained therein. This section of our report can be re-

TABLE 14. ACUTE AND CHRONIC DISABLING ILLNESSES,* IN 83 CITIES: 1935–36

Age	DISABLING ILLNESSES PER 1,000 PERSONS					
	All Illnesses	Acute Illnesses	Chronic Illnesses			
			All	Disabling for Less Than 12 Months	Disabling for 12 Months	
					All	Non-Institutional
All ages	171	123	48	36	12	11
Under 15 years of age	214	198	16	13	3	2
15–24	131	109	22	18	5	4
25–64	153	96	57	44	13	12
65 and over	279	102	177	114	63	62

* Represents all illnesses disabling for 7 days or more and all hospital cases, confinements, and fatal cases.

Source: Federal Security Agency, Social Security Administration, *Medical Care and Costs in Relation to Family Income*, 2nd ed. Washington: Government Printing Office, May, 1947, p. 77.

garded as little more than a footnote relating to certain special needs for health programs as far as older people are concerned.

The Central Service for the Chronically Ill

A second significant result of Health Division efforts was the establishment of the Central Service for the Chronically Ill in 1943. This agency, which operates under the auspices of the Institute of Medicine, was set up to promote adequate care for the chronically ill. It maintains a current information service on facilities available for the

TABLE 15. LEADING CAUSES OF DEATH IN THE UNITED STATES: 1900 AND 1950

RANK	CAUSE	DEATH RATE PER 100,000
In 1900		
1	Tuberculosis	195
2	Pneumonia	176
3	Diarrhea and enteritis	140
4	Heart disease	137
5	Nephritis	89
6	Accidents and violence	88
7	Cerebral hemorrhage	77
8	Cancer	64
9	Bronchitis	45
10	Diphtheria	40
In 1950[a]		
1	Heart disease	261
2	Malignant neoplasms	119
3	Vascular lesions, central nervous system	70
4	Accidents—homicide and suicide	48
5	Tuberculosis	23
6	Pneumonia	19
7	Diabetes mellitus	14
8	Nephritis and nephrosis	12
9	Cirrhosis of liver	11
10	General arteriosclerosis	8

[a] Provisional.

Source: Metropolitan Life Insurance Company, *Statistical Bulletin*, No. 29, April, 1948, p. 2, and No. 32, February, 1951, p. 11.

care of the chronically ill and provides counseling and other medical-social services in individual cases when such service is not provided through other agencies. It is responsible for planning and co-ordination in this field in co-operation with Division II. The Central Service for the Chronically Ill has been much concerned with the formulation of better standards of care and with studies of the costs of various services and supplies required for satisfactory programs for the chronically ill. It has issued several reports which summarize the results of its work in this area.[8] The Central Service has worked actively with physicians and nursing home operators and has taken leadership in the organization of the Northeastern Illinois Association of Nursing Homes.

The importance of chronic illness among older people is indicated by Tables 14 and 15. As the life span has been increased, the causes of death have changed from diseases we associate with youth to those associated with maturity. In 1940, when 27 per cent of the population of the United States was past 45 years of age, this group used more than half of the medical care available. The change in the relative importance of causes of death is less significant than the fact that the illnesses which now predominate are of such a nature that they frequently require long periods of care prior to death itself. Although medical progress is steadily reducing the duration and amount of disabilities associated with chronic disease, existence of such disabilities on a broad scale obviously indicates the need for large prevention and rehabilitation programs.

According to the Chicago–Cook County Survey, in Cook County in 1940 there were 117,658 persons 65 and over with some chronic disease or permanent disability. Among this group, there were 15,285 invalids requiring some type of medical or nursing care. The Health Survey, on the basis of 1940–44 averages for Chicago, found that out of 36,569 deaths per year, 25,528 were due to conditions ordinarily classified as chronic and of these, 15,954 were deaths of persons over the age of 60.

The association of chronic illness with aging naturally resulted in an interest in the problems of older people in the Central Service for the Chronically Ill. When the Community Project for the Aged was established, therefore, it was agreed that all matters involving chronic illness would be cleared with the Central Service for the Chronically Ill before the Community Project became involved in work in this area of health needs. The director of the Central Service for the Chronically Ill served continuously on the Advisory Committee of the Project throughout its existence. Since the establishment of the Project in 1947, the Central Service has carried on several activities relating to older people. Its work with nursing homes has involved increasing consultation with homes for the aged in relation to their infirmary programs. The Central Service for the Chronically Ill also conducted a study as to the need for a home for aged in New Trier Township and completed a study of the need for home-care services in Cook County.

In certain instances, through the Central Service, invitations were extended by the Project to nursing home operators to participate in programs which might be of interest to them. In 1949, there were several discussions between the Northeastern Illinois Association of Nursing Homes and the Institutional Seminar to clarify the relationship between these two groups. At times, the Community Project has been consulted by workers in health programs regarding nonmedical phases of their work, such as use of volunteer friendly visitors, occupational therapy, and social services. Because of our limited responsibilities in the health field, our observations regarding the health needs of older people have been largely received through the work that we have been able to carry on with the family agencies, with the homes for the aged, and with many individual older persons who have come to us for help. Our study of persons known to the family agencies has also given to us an additional insight into the health needs of this group and the community programs that are now available to meet them.

Agencies Providing Medical Care for Older People

The study of older people served by family agencies showed that their health needs were met in a variety of ways. Thse may be outlined as follows:

A. Care Outside the Person's Own Home
   1. Temporary care in general hospitals
   2. Temporary care in special hospitals (usually for the tuberculous or mentally ill)
   3. Permanent care in special hospitals
   4. Permanent care in homes for the aged
   5. Permanent care in nursing homes
   6. Permanent care in boarding homes (with varying degrees of medical and personal care provided by other sources)

B. Care in Own or Relative's Home With One or More of the Following
   1. Own physician
   2. Agency medical plan
   3. Clinic care
   4. Home nursing care (usually on a short-term basis)
   5. Other home personal services (usually on a short-term basis)

It would be both interesting and useful to know how many of Chicago's older people are being served in each of these ways but no such data are currently available. The agencies mentioned above do not generally keep a count of their older patients, so that we are reduced to estimates based on the National Health Survey and certain data on illness and death kept by the Health Department. All we can do here is to present a general picture of the facilities for medical and health care available for older age groups in this area.

General Hospital and Clinic Facilities

How many hospitals and clinics are there serving older people? The Health Division of the Welfare Council in its "Overall Survey of the Health Field in Chicago and Cook County" (April 7, 1950) has given us a summary of facilities in this area.

It tells us that there are 95 hospitals in this area with 25,802 beds.

Of these 76, with 17,425 beds, are in Chicago. These 76 hospitals include 59 general hospitals. Eight governmental hospitals are located in the Chicago area, not counting those operated by Federal agencies. These governmental hospitals provide almost half the total number of beds here and almost a third of the general hospital beds.

How far do these facilities provide care for the older patient? The Health Division makes several pertinent remarks.

"Voluntary hospitals provide most of the general hospital care for acute illness of relatively short duration for the population. Patients who can pay all or part of the costs comprise the major source of income. Public institutions provide services for the medically indigent in acute illness as well as long term care for the chronically ill.

"Basically, the Chicago pattern of having public hospital facilities for the medically indigent and some use of private facilities subsidized by public and private funds is similar to other communities. It differs from New York in that the latter city has developed a system of city district hospitals. In Chicago the single locally operated public facility for serving the medically indigent is a highly centralized one operated by the county." [9]

The Health Division also tells us that about 10,000 beds are used for long-term care of patients (both young and old) in Cook County. These include 1,600 beds in two governmental institutions; 550 in seven voluntary, nonprofit institutions designated for care of the chronically ill; 150 beds in voluntary, nonprofit hospitals with units designated for long-term care; 1,600 beds in 46 voluntary, nonprofit homes for the aged; and 2,600 beds in 187 privately operated nursing homes. The Central Service for the Chronically Ill has estimated that there are at least 3,500 beds in general hospitals in the Chicago area continuously used by patients needing long-term care who stay in hospitals because they can't obtain any other satisfactory arrangement for care.[10]

It must not be assumed that all of the 25,000 general hospital beds in the community enumerated are available for adults. A few hospitals are limited to the care of children, and almost all hospitals have special sections reserved for children and babies. The majority of hos-

pital beds, of course, are for adults. Many obstacles to securing adequate care arise out of the inability of the patient to meet the costs of care.

Insofar as the older person has a low income and insofar as he requires long-term care, it is clear that to that extent he is faced with difficulty in securing adequate health service. It is even more difficult to secure medical care in surroundings that do not inspire serious emotional distress. The principal in-patient facilities available to the older, medically indigent person are Cook County Hospital and Oak Forest. The latter includes an infirmary, a chronic disease hospital, and a tuberculosis hospital.

Chicago differs from most of the other large urban centers of the United States in that the greater proportion of general clinic service (about two-thirds) is provided by voluntary hospitals rather than by governmental agencies. A second difference in this community is that here our public assistance agencies purchase care for their clients from these private clinics. This policy of not segregating the indigent is an advantage that clients in many other cities do not have.

There are approximately 20 general clinics in Cook County. Of these 19 (which provide well over 95 percent of all such service) report to the Research Department of the Welfare Council. Their statistics show an average number of visits in excess of 90,000 a month. The two governmental clinics (at Cook County Hospital and the Illinois Research and Educational Hospital) account for about a third of these visits.

According to the Health Division, general clinics are having a hard time meeting increased demands for service. Their situation is aggravated by continuing rises in the cost of care, with the average cost per visit now above $3.00.[11]

What does this mean in terms of the older patient? Obviously lack of general clinic facilities in convenient locations may result in long and arduous trips to and from the clinic, plus equally distressing waiting periods once the patient has arrived. The older patient may often

require lengthier interpretation of his needs and of necessary treatment than crowded clinic schedules permit. To what extent such circumstances prevail, we do not know, but our study, combined with information from older people themselves, suggests that the subject is worth investigating.

The Chicago Welfare Department is experimenting with the transfer of certain clients from clinics to private doctors' care because of the current overload in Chicago clinics. Most of these transfers involve older patients. It seems likely that continuity of care (at home and in the doctor's office) will be improved as compared with a combination of clinic service from one or more doctors and home care from still a different physician.

Geriatric Units in Hospitals and Clinics

The extent to which those in the medical profession and agencies providing medical care should or could specialize in geriatric services is the subject of considerable debate. The majority of doctors and health agency administrators in this country appear to disapprove the addition of another specialty as such and advocate the inclusion of adequate care within general medical and health programs. Others believe in varying degrees of specialization, usually this side of distinct and complete specialization.

A point of view that has not yet become widespread is presented by Dr. Zeman:

> "In view of the manner in which most general hospitals are at present organized and of the present state of medical education, it may be seriously questioned whether these institutions are completely aware of their new responsibilities and further whether their medical, nursing, and social service staffs are adequately trained to meet the special requirements of the aged. For this reason I believe that the increasing magnitude of these new problems demands the development of aggressive policies designed to bring to each individual old patient the best care that the hospital's facilities and staff are capable of giving." [12]

Although we do not have specialized medical programs for older

people, certain programs are on their way. The State Department of Welfare has recently opened a State Research Hospital in Galesburg, Illinois, intended for geriatric research; however, its immediate emphasis is on research and on rehabilitation of older people transferred from state mental hospitals, rather than on a general program open to older people from the community at large. Another development is the inclusion of a geriatrics unit in the forthcoming Psychiatric-Psychosomatic Institute at Michael Reese Hospital, under the direction of Dr. Roy Grinker.

Several of our medical schools have shown an interest in this field. At the University of Illinois, Dr. A. C. Ivy has been actively promoting the establishment of a Research Institute for the Study of Chronic Illness and Geriatrics. Dr. Ivy points out that "knowledge regarding the prevention and treatment of chronic illness and how to delay the onset of disabling conditions associated with aging will decrease the need for custodial care and add to the income-producing activities of the individuals of the State and Nation." [13]

Northwestern University has plans for an Institute of Geriatrics as part of its expanded Medical Center. Dr. James Miller has emphasized that this program will utilize the basic sciences as well as the various specialties.[14] In both these programs the major emphasis appears to be on research into the chronic illnesses. Essential though this is, it is encouraging to note also that there is progress in applying what is already known more widely than was done in the past through the extension of treatment programs for the chronically ill. At the Stritch School of Medicine, under the direction of Dr. Charles J. Thill, there is a specialized program in operation, involving research and teaching in geriatrics. The University of Chicago is constructing a research unit in chronic illness, and a number of other health agencies have increased their programs for the rehabilitation of chronically ill persons, many of whom are older people. In special units of general hospitals, there has been an increase in the provision of long-term care.

Nursing Homes

We have noted that two ways of providing care for older patients requiring long-term care outside their own homes are the programs offered by nursing homes and by homes for the aged. These involve problems too complicated and numerous for full discussion here. Additional information on local agencies can be secured from the Chicago–Cook County Health Survey and from the Central Service for the Chronically Ill.

The Health Survey recommended that 6,000 additional beds be provided for adult chronic invalids (excluding the tuberculous and mentally ill). The Survey indicated that 5,000 of these beds should be secured through expanding facilities in nursing homes and in homes for the aged and through converting Oak Forest into a home for the aged except for one section to be reserved as a hospital unit. It indicated that the remaining 1,000 beds should be established as units connected with modern hospitals that are interested in research and teaching. Since the Health Survey was made, there have been substantial expansions locally in the number of beds available for long-term care.

The level of care provided in proprietary nursing homes in Cook County has been raised in recent years through the efforts of the Central Service and further progress is to be expected. However, the somewhat dismal picture portrayed in the Health Survey is still not eliminated. In many nursing homes the quality of service is far from satisfactory. Most of the proprietary homes are converted buildings, and physical facilities are often inadequate and occasionally actually unsafe. Frequently personnel is limited, both as to number and as to qualifications for the job. Few homes have anything resembling recreational or rehabilitative programs, and medical care is often inadequate. Finally, overcrowding and indiscriminate combinations of patients add to the unpleasantness of some homes.

Many nursing home proprietors, as well as community agencies, have been struggling to improve the quality of service in these homes.

It is our impression that, regardless of the original motivation in starting a nursing home, more often than not the proprietor, face to face with the pathetic unhappiness of many patients, has developed a sincere desire to better their condition. The greatest obstacle is the fact that satisfactory care entails relatively high operating costs as well as a substantial capital investment. The majority of those seeking care in proprietary homes are older people, among whom only a minority can afford to pay the fees necessary to cover the costs of satisfactory service for any extended period of time.

Medical Programs in Homes for the Aged

The medical and health programs of institutional homes for the aged in many instances reflect the same inadequacies noted in the proprietary nursing homes. It is encouraging that several homes in recent years have abandoned policies of admitting only supposedly well older people and have realistically changed their admitting policies to include the chronically ill. Others have recognized that, with the increased life span, even if they only admit the healthy older person, more and more of their residents will require long-term care for chronic illness.

Nevertheless, medical programs in homes for the aged still range from the services of one or more practical nurses, who care for the resident in his own room or dormitory, on through various degrees of infirmary care, with or without a registered nurse and an attending physician.

A few homes have modern medical sections that amount to miniature hospitals, with medical directors, technicians, adequate nursing staffs, and consultants in special fields. An even smaller number encourage geriatric research in co-operation with hospitals with which they are affiliated.

Most homes require some kind of physical examination before admission, but too few carry on a program of regular medical check-ups with emphasis on maintenance of health, prevention of illness, and

rehabilitation. In many homes, the doctor is called only when a resident is actually sick.

The medical program of a home for the aged should provide continuous health supervision and medical care. Essentials are the following:

1. A board and staff conscious of the fact that the attitudes and policies of a home may directly affect the physical and mental health of residents.
2. Physical examinations at time of application, entrance, and once a year thereafter.
3. A staff member competent to plan diets with appetite appeal and nutritional value.
4. A doctor making regular calls, who is responsible for the prevention and treatment of illness.
5. A modern, adequately staffed infirmary.
6. A formal or informal affiliation with a nearby general hospital.

The efficiency of the medical program may be impaired by improper organization of the medical service in relation to the other departments of the home. In such instances, the fault often lies with the board of directors, who have set up the infirmary and medical service as an autonomous department, headed by a doctor who is responsible, not to the superintendent of the home, but to the board directly. In this kind of situation, even though the relationship between the superintendent and the medical director may be the friendliest, it is almost impossible to achieve sufficient co-ordination between the medical department and other divisions of the home's program.

The situation becomes even more difficult if the doctor has become the dominant figure in the admission procedure. This role sometimes develops out of his responsibility for the physical examination of applicants.

An increasing number of staff members of homes for the aged are participating in the Northeastern Illinois Association of Nursing Homes as well as in the Institutional Seminar. It may be expected that the stimulus of both these groups will result in continuing improvement in the medical programs of institutional homes for the aged.

Oak Forest

Far to the southwest of the Loop, in the middle of wooded fields, stands an imposing group of buildings that has been a perennial subject of discussion for the last forty years. This is Oak Forest, operated under the supervision of the Cook County Board of Commissioners as the county home for the indigent aged and infirm. It was a happy coincidence that the long-hoped-for rejuvenation of this agency began during the life of the Community Project, following the passage of a substantial bond issue three years ago.

The reasons for concern about Oak Forest were well summarized in the Health Survey. At that time, wards were large and overcrowded. There was practically no place for individual belongings and less chance for any privacy. The staff was inadequate and lacking in training. There was a critical shortage of doctors and nurses, and housekeeping was woefully substandard. The principal causes of inadequate staff appeared to be the inconvenient location, the lack of approval of the agency by professional organizations, and the unattractive nature of the work involved.

Since that time, however, under the vigorous and intelligent leadership of Anton Negri, Co-ordinator of Cook County Institutions, and with the co-operative support of the Cook County Board of Commissioners and the Illinois Public Aid Commission, remarkable progress has been made, although there is still a long way to go. By meeting the requirements set by the IPAC as necessary for approval of reimbursement for care of OAP and BA recipients, the agency acquired an additional source of revenue and a constant stimulus to develop higher standards. This income, plus the bond issue, has made possible a new nurses' residence, a building for recreation and physical and occupational therapy, a new receiving department, and improvement of physical facilities in general.

Efforts are under way to establish a social service department, to initiate geriatric research, and to correlate the medical program with the teaching program at Cook County Hospital, offering opportunities for

internships and residencies. Staff shortages still exist and improvement of the internal program is far from completed, but the outlook is more promising today than at any time since Oak Forest opened in 1910.

Home Medical Care

Adequate provision for the care of sick and disabled people in their own homes includes the services of physicians, nurses, homemakers and housekeepers, social workers, and specialized personnel. These are required to deal with problems of nutrition, physical therapy, occupational therapy, work projects, and wholesome use of leisure time. There must be adequate housing, furnishings, household equipment, food, sick-room supplies, medications, and other essential items. It is important that the provisions under which these specialized services and supplies are made available to the patient and his family be organized and co-ordinated in such a way that they are easily accessible when needed, work together effectively to meet the total need, and can be used efficiently.

A recent study by the Central Service for the Chronically Ill showed that there are between 200 and 300 different agencies and organizations in the Chicago area providing services of various kinds to homebound older people. Many of them, however, have developed without careful planning and there is serious lack of co-ordination in their programs and activities. A few large agencies, such as the Visiting Nurse Association, are giving large amounts of excellent service. There are two home-care programs in the community offering well-coordinated and complete services to homebound people. One is an extension of the services provided by Mandel Clinic and the other is the program which has been operating for a number of years as a part of the Jewish Family and Community Service. Considerable co-ordination of service is achieved, also, in the program for providing medical care through the Chicago Welfare Department.

The study of home care completed by the Central Service for the Chronically Ill in 1950 yielded some pertinent conclusions:

"Provisions for making the services of physicians available to low-income people are unorganized and result in serious gaps in service and poor quality of care for the patients.

"The large number of out-patient clinics which provide medical attention for ambulant persons but make no provisions for the care which these same persons require when they become home-bound leaves a large segment of the chronically sick, low-income patients with no adequate provision for medical attention. . . .

"It is strongly recommended that, in considering the current pressure for more clinic service in the community, careful thought be given to the importance of the continuity of medical care for the patients and to the question as to whether there should be further expansion of clinic service without provision for continuing care of the patients after they are no longer able to return to the clinic for attention. . . .

"The unmet need for nursing care is chiefly in the area of full-time service. The Visiting Nurse Association and the two similar small services in the community are providing care almost equal to that part of the demand which can be met by service given on a visiting basis. Some increase in their service is desirable. The heavy pressure of need, however, is for patients who require someone to care for them over periods of at least eight hours a day and, in many instances, to assume some household responsibilities also.

"In most instances, the unmet need is for a practical nurse-housekeeper-companion rather than for professional nursing care. A high proportion of the patients in need of such service are persons who are living alone with no families to care for them or ones who are alone during the working day while members of their families must be at work." [15]

Special Health Problems

In the preceding paragraphs, we have concerned ourselves with general treatment programs for older people and have noted the existence of certain inadequacies among hospital, clinic, and home services as well as in nursing homes and in institutional homes for the aged. In addition, there are several special health problems that require attention. These include mental illness, tuberculosis, and accidents.

Mental Illness

Age brings with it no immunity from the various mental and emotional illnesses evident among younger groups in our population. Advancing years do, however, result in external as well as internal

changes for the individual that may inspire abnormal mental and emotional reactions. No adequate comprehension of the mental health needs of older people is possible without an understanding of the psychology of aging. This point of view has been well presented by Dr. Jack Weinberg in the following comments:

"My belief is that the transition from a well stabilized psychologic maturity of the personality to one of decline starts at various ages and though it may have its basis in physical changes it is really a psychological one. When one begins to look back at one's past with fond nostalgia and at the future with apprehension and feelings of insecurity, when the past becomes the good old days and the present and future disturbing, aging has begun. . . .

"Broadly speaking, the problems of senescence arise, intrinsically, from the threat of organ destruction and extrinsically, from socio-economic and other ego and libidinous frustrations. . . .

"With the decrement in personal, physical and emotional assets the older person finds very little support or supplementation from the world that he lives in. Our social and economic systems add little to the comfort of the aged but do a great deal to further his apprehensions." [16]

The earlier sections of this report have illustrated the lack of supportive environment to which Dr. Weinberg refers. Furthermore, supportive factors are of great significance in recovery from mental illness during advanced ages as well as in preventing illness. This has been demonstrated in a number of studies, notable among which is one made by Dr. Hollis Clow at the Westchester Division of the New York Hospital (a private institution). After reviewing 365 patients over 60 years of age at the time of admission Dr. Clow observes, "The material studied indicated the importance of adequate precipitating causes of illness and of the possession of good resources by the patient with regard to security and a favorable family situation in his ability to recover and remain well for an appreciable time." [17]

Mental disorders may be classified in two groups: the functional and the organic. Prominent among the functional disorders of older people are manic depression, involutional melancholia, paranoia, and psychoneurosis. Organic disorders—those associated with organic or toxic changes in the brain—manifest themselves in such symptoms as

impaired memory, confusion, abnormal emotional variations, loss of understanding and judgment, inability to concentrate and, occasionally, delirium. These illnesses may come with cerebral arteriosclerosis, senility, brain tumor, diabetes, epilepsy, cardiovascular renal diseases, and other toxic, infectious, or circulatory disorders.

Until relatively recent years, mental illness in the aged was usually regarded as a natural, if not inevitable, result of long living. Hardly anyone believed that such conditions could be eliminated or improved. Today we know that this is untrue. More and more, the thrilling work of pioneering doctors and psychiatrists has demonstrated that many cases of mental illness in the elderly *are* curable, and research now in progress leads us to anticipate additional conquests over what were formerly believed to be invincible disorders.

The effect of cumulative physical disabilities, along with the lack of supportive elements in the modern urban community, has been highlighted in a dramatic way by the rapid increase in the proportion of older people in our mental hospitals. In 1949, in the nine state mental hospitals in Illinois, 35 per cent of the 34,000 patients were over 60.[18] This age group formed an even greater proportion of first admissions.

What facilities are available for the older resident of Cook County who is mentally ill? Services are so tragically inadequate that there is usually little alternative to custodial care in dismal surroundings for the majority of these people. There is a shortage of constructive programs for children; a greater lack for the middle-aged; and the greatest dearth of all among services for the older patient.

Aside from the eight state mental hospitals located outside this area, Cook County is served by the County Psychopathic Hospital and the Chicago State Hospital. The former is used principally for diagnostic purposes and as a channel to commitment to the state institutions. Chicago State Hospital, with about 5,000 paients, has been 80 percent overcrowded, according to the Illinois Department of Public Welfare.

Private hospital care is limited and beyond the ability of most to afford. Clinic services, offering programs of mental hygiene, diagnosis, or therapy, may almost be regarded as nonexistent as far as the older person is concerned.

This unbelievable lack of facilities for the mentally ill older person is one more example of the lag in our community thinking about services for the older adult. Emphasis still is upon custodial care rather than on the possibilities of treatment. Discussions rarely center upon the potential cure or improvement of the thousands of older patients vegetating in state custody; instead, most of the current planning seems to deal with ways to shift the harmless senile out into boarding homes or back to his family. Community education is badly needed to introduce a more positive note in planning for the older patient.

Dr. Robert Monroe, of Harvard Medical School, has spoken forcefully on this subject. He says:

"Much that passes for senility turns out to be merely physical unfitness. . . . Much that appears to be mental deterioration in old age is not so at all. Perhaps not more than 10 to 15 per cent of old people show organic, irreversible losses of mental functions. . . . Certain diseases produce flagrant states of psychoses, which clear up when they are cured or controlled. . . . The geriatrician is conscious of how important it is for the mental health of his patient that he treat vigorously every interfering ailment and find ways of restoring confident living." [19]

Tuberculosis

According to Dr. O. K. Sagen of the Illinois Department of Health, the peak in tuberculosis incidence is passing to the older age group. This results, of course, from the improvements in casefinding and treatment in the last decade. As the disease becomes less prevalent among younger age groups, agencies operating programs in this field will be faced with a shift in the nature of their patient loads and will have to adapt their services to the needs of the older patient.

Public programs have assumed major responsibility for tuberculosis control and hospital service, although private agencies are also sig-

nificantly active in these areas of work. The Chicago Health Department and the Tuberculosis Institute of Chicago and Cook County both carry on educational and casefinding activities. The Municipal Tuberculosis Sanitarium provides 1,305 beds for city patients and the Oak Forest Tuberculosis Hospital has 548 beds. The Suburban Cook County Tuberculosis Sanitarium District offers care to patients in suburban Cook County.

In spite of considerable improvement in facilities in recent years as well as current plans for further expansion, the Chicago area requires still greater additions to facilities to meet approved standards for an adequate community program.

Accidents

Accidents rank high among the major causes of death in this country and are additionally responsible for a tremendous toll in terms of permanent and temporary disability. No section dealing with the health of older people can overlook the fact that almost a third of all deaths from accidents occur among people over 65 and that the accident rates for this group are the highest of all age groups. Older people are in many ways more susceptible to accidents than younger individuals. It is important, therefore, that community safety campaigns and family education programs pay particular heed to this subject. It is also necessary that special emphasis on accident prevention be included in our educational programs for individuals working with older people.

Health Maintenance

Enough has already been said to indicate the inadequacy of community programs of health maintenance designed to keep the older individual functioning at maximum levels physically, mentally, and emotionally. Until the present time, in the United States, almost all health education programs have been focused on younger people or on specific diseases. Metropolitan Chicago, which contains a veritable

city of older persons, sadly needs comprehensive services directed toward this goal. The wave of blackstrap molasses in the wake of Gaylord Hauser and the thousands of middle-aged males anxiously consulting the "Fat Boy's" diet calorie card show that the aging American is eager for information as to how he can keep himself in good condition. It is the community's responsibility to see that such information is made available.

An adequate community health maintenance program for older people should encompass, first, an educational and promotional program for professional workers and for health and welfare agencies. Second, it should include a variety of services for older people themselves.

These direct services would comprise facilities for health consultation, complete and recurrent physical examinations at reasonable rates, mental hygiene consultant services, and nutrition education on an individualized as well as group basis.

Many of our older people have not had the benefit of school classes in nutrition and mental and sex hygiene such as are now available to young people. It would be highly desirable to remedy this lack of knowledge. This is particularly true with respect to sex. Accurate and acceptable sex education programs and consultant services are needed for older people because popular attitudes toward sexual factors in later life are usually unrealistic and based on a hazy accumulation of misinformation. Few aging people realize that the persistence of sexual desires and abilities far beyond the stage they had anticipated is a normal and common occurrence. Lack of understanding of this simple biological fact causes unnecessary feelings of guilt. In other cases, fear of future decline not infrequently precipitates unfortunate attempts to secure reassurance outside conventional roles.

There is no agency in Chicago set up to provide nutrition education as it relates to older people. The Community Project for the Aged, in co-operation with the American Red Cross, provided two series of lectures for older people themselves on this subject and the Chicago

Sun-Times carried a sequence of articles based on the lectures in its weekly food section. The Red Cross also accepted responsibility for providing consultant service to individuals and agencies for a time but has been forced to discontinue this service because of the current mobilization. It is important that these services be re-established on a permanent basis, either in an appropriate agency or in a new agency.

The Chicago Health Department has for a long time carried responsibility for certain nutrition, health education, and laboratory services, and suburban health departments have done likewise. Infants, children, and mothers have been the chief beneficiaries of these activities. It appears logical that parallel services should be established for older age groups. In Chicago this could be done through the Deparment of Geriatrics and Adult Hygiene.

This department was set up by the Chicago Board of Health as a result of recommendations in the Chicago—Cook County Health Survey. As originally conceived, its program was to be a vigorous one, including a wide range of activities in health education, research, diagnostic facilities, and consultant services.

Lack of sufficient funds, however, has drastically reduced the goals of the department. Today, major emphasis is limited to the development of diagnostic and laboratory services, primarily related to cardiac disorders. These services are badly needed, but it is to be hoped that an adequate budget can be found to make possible the original program for which the department was established.

Improving Health Services for Older People

Because the Community Project for the Aged had, in general, only an indirect relationship with health agencies, we are not making any formal recommendations in this section of the Chicago plan. In lieu of recommendations, we refer this section of our report to the Health Division of the Welfare Council for such action as it may deem appropriate.

The information received by the Community Project seems, in sum-

mary, to point emphatically to the need for a more positive and hopeful approach among professional workers and agencies to the health problems of older people. To secure this, it appears necessary for a concerted educational program to be aimed at these agencies and workers.

It is also obvious that the health of older people in Cook County could be greatly improved if there were more effective application of what is already known. Research must continue, but, from our point of view, there should be a more equitable balance in the investment of funds and personnel between research and the application of what has been learned from research in the past, particularly within agencies established to serve the individual members of the community. Refinement of diagnosis is of little value if treatment facilities are not available.

In referring the comments of this section to Division II, we should like to call attention to several additional subjects.

We have not previously discussed the medical program maintained for recipients of OAP through the Cook County Bureau of Public Welfare. We believe that this program requires more study than was possible in the Community Project and hope that the Health Division, in co-operation with Division I, can pursue this subject further.

In Illinois, payments for medical care for OAP recipients may be made in addition to the basic grant if certain conditions are fulfilled. Payments are based on a schedule of rates for services performed and supplies provided. Payment is made directly to the recipient after the seller of the service or supplies has sent in a form indicating what was provided and what was charged. Recipients at times have trouble finding people to provide care at approved rates. Furthermore, the vendor sometimes fails to submit the necessary forms.

To the extent that these difficulties occur, the recipient may pay part or all of his medical bill out of his basic grant without reimbursement. There are also indications that some old people fail to understand how the plan works. Finally, the results of our study suggest

that it would be desirable to review whether sufficient attention is given to the client's health when he first comes to the agency and whether there is adequate follow-up of medical plans thereafter. Indeed, the whole subject of co-ordination of health services for older people in order to insure continuity of care could well be reviewed in both public and private agencies.

One last comment must be made regarding the cost factor in securing adequate health programs for older people. In some areas of service, we are approaching an adequate level in terms of facilities and personnel *if* the cost of care can be met. How to secure sufficient financing for health services for this age group remains one of the great questions in this field. Where public agencies have accepted responsibility, the problem is basically one of securing adequate appropriations. At any rate, no sound community planning can ignore the fact that health costs are high and increasing, and that we cannot get the services we must have for the wellbeing of our older people unless the community makes sufficient provision to meet these costs.

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5
Recreation and Education

Recreational Needs of Older People

The basic human needs for love, security, creative expression, recognition, and for new experiences continue throughout life. They seek satisfaction in family, school, work or play relationships, and activities.

As family and work responsibilities become less in middle and later adult years, educational and recreational activities must of necessity assume a more important role in life if these needs are to be met. At the same time, the attitude of the older person himself and the attitudes of his family, friends, and society, frequently block the pursuit of old interests, experimentation with new ideas, or the formation of new associations. It is at this point that recreation may be the magic key to a newer, refreshed outlook.

Recreation has been described as "finding joy in living." In modern society, it is easy to forget how to laugh, to dance or sing. Many of us, as life progresses, fail to realize that our eyes see no beauty; our ears hear no music. When this happens, then the world has lost its wonder.

Perhaps the greatest obstacle to the pursuit of happiness in later life is the meager expectation of finding it. Our own research and our

own interviews with older people revealed how limited was the idea that older people could find any answer to their needs in education and recreation. In more than half the cases in our study there was no information about this aspect of the client's life. In only 15 percent was there evidence that the client had companionship as well as an opportunity for recreational activities. The possibility of meeting such needs was indicated only for an eighth of all persons who were studied.

Loneliness—the need for affection and for the feeling of belonging —was one of the two most frequent complaints expressed by the older person himself. Old age is fertile soil for loneliness. In the study group, loneliness had its source in the death of husband or wife, in the disappearance of family, in loss of a job around which friendships had been centered, and in a recent move from a familiar setting. Some of these people had restricted their lifetime contacts to their families and to a few close friends and seemed unable to make new personal friendships when old ties were broken. In other instances, single, divorced, and separated men and women had apparently been without close personal ties for years but seemed more conscious of this lack in later life as they became less active.

The second need most frequently mentioned was the need for something to do. Often even those older persons who had led very active lives discovered a loss of purpose in their lives as they relinquished earlier responsibilities. This was especially true for older men who had been absorbed in their jobs and who had failed to develop intellectual, cultural, or other recreational interests. Older women frequently found themselves in a similar situation, when they had confined their interests to family activities. Some, who had been active in club or church life, found themselves being put on the shelf to make way for younger members. Others withdrew from participation in church or club because of reduced incomes. Withdrawal from former friends for this reason was also observed. Declining physical strength and special handicaps often curtailed activity. Each individual had the prob-

lem of finding the particular form or forms of activity that was worth while to him and was commensurate with his ability.

Special Needs of the Homebound, Withdrawn, and Isolated

Older persons who are more or less homebound have special needs which the community must seek to meet. These people may be found in their own homes with husband or wife caring for them, or in the homes of their children, or in nursing homes, or homes for the aged. For the completely homebound, actual physical care often takes so much of the time and energy of family members or of institution staff that little time is left to develop recreational activity. Also, part of their need is to be related to the world outside the family or the institution.

Many whom we regard as homebound actually can get out if they have help and if there are places to go where they feel accepted, and where they can do things which make them feel useful. This group includes blind or partially blind people, some who are hard of hearing, the senile, crippled persons, those who are "just frail," and those who are either physically or emotionally isolated. For these individuals, also part of their need is to bring the world to them, since many have limited strength and few can afford or obtain paid companionship and escort service. In our study, the need for escort service was evident and difficult to meet. Those who were able to get out with help were eager to do so. They wanted to go to church, to go for drives, to visit friends, to take walks, and to go to club or group meetings.

Types of Recreation Programs Possible

Experience shows that recreation can bring greater joy in living to the later years regardless of the situation of the individual; but recreation is a very individual matter. The kind of activity that satisfies one individual may bore another. Fortunately, the variety of possible activities is almost endless. They include arts, crafts, physical activities, intellectual activities, community service, civic programs, and social participation.

The Arts

The arts include many means through which personal reaction to life may be expressed. To painting and sculpture, the older amateur can, and frequently does, bring a fresh viewpoint, as well as mature feeling and insight based on his own experience. Increasingly, older persons, certain of their lack of talent, have been finding joy and satisfaction in a sustained effort to express their feelings and insight in this way.

Music is another of the arts affording many modes of expression. It may offer the passive pleasure of the listener, the creative thrill of the composer or of the performer. It satisfies many tastes and moods. Bodily response to music often brings a sense of invigoration. Music may be enjoyed alone, but it has a social value in bringing people together. Types of musical activities suitable for older adults are outlined and described in a compilation by Helen R. Geddes for the National Conference on Aging.[1] They include listening programs; singing, from spontaneous group singing to glee clubs and quartets; instrumental music, from bell ringing to orchestras; rhythm games and dancing; and creative musical activities, from making instruments for rhythm bands to composing.

Among the other arts enjoyed by older people are dramatics, writing, and conversation. In all of these, the older adult may improve an earlier skill or develop it for the first time. The art of conversation is one which many might do well to practice. If more older people treated conversation like a game of tennis or volleyball, rather than a game in which one individual chases the ball around, their company would be sought more often.

Crafts

Crafts are perhaps more frequently regarded as a form of recreation for older people. Certainly the desire to make something is practically universal. Even those who say, "I could never do anything with my hands," prove themselves wrong when sufficient incentive is presented.

It is significant that older people often feel a sense of inferiority about trying something new. Observation leads one to question whether they are not so accustomed to doing things they know how to do that the repetition necessary in learning something new makes them feel stupid. This seems true in other skills as well, but we have had more opportunity to observe it in the craft field. A good number of older people are already skilled in various crafts, from crocheting and knitting to wood and metal working. Here the rich heritage of our large foreign-born group becomes apparent. The later years may bring the need for new incentives and the situation may be further complicated by changing physical ability or lack of necessary tools.

Physical Activities

Physical activities are as important in later maturity as in any earlier period. Muscular co-ordination and flexibility may be maintained or improved by simple, nontaxing exercises or by more active participation in athletic activities in a social setting. When muscles have become flabby through years of disuse, even simple exercises must be developed gradually. Even so, exercises may be pleasurable and useful rather than boresome. An arm or a hand may be restored to flexibility by playing a musical instrument, typing, painting, clay modeling, drying the dishes, or simply by opening and shutting the hand twenty times a day. Mouth exercises are important to those who have difficulty with dentures and to others who do not speak clearly. Impromptu exercises to music may be taken in bed or out. Many forms of needed physical exercise can satisfy social needs at the same time. Walking with others, square dancing, shuffleboard, horseshoe pitching, croquet, softball, bird study, or sight-seeing may contribute to a fuller, happier social life as well as providing necessary physical stimuli.

In summary, physical exercise, suited to the individual, can increase the circulation, maintain co-ordination and flexibility of the muscles, bring mental improvement in terms of alertness and self-confidence,

release emotional tension, satisfy social needs, and provide purpose in living.

Community Service and Civic Activities

Community service and civic responsibilities offer outlets for the vast reservoir of unused time, energy, ability, and mature judgment within the old-age group. They include volunteer services to social agencies as well as activities on a community, state, and national level.

With the world in a state of tension, older and retired people can serve the community in civilian defense work, according to their physical and mental abilities. Almost everyone can find a rewarding post of service somewhere. Community health and Red Cross campaigns need volunteers to assist in their programs. Older adults can also serve as examples of serenity and strength in a jittery neighborhood and can encourage and help younger people through trying times. An interest in ward and block activities is particularly enlivening for the older resident. Armed with a backlog of experience and with a mature perspective, the older adult can point out many lessons to be learned from the past.

Social Activities

The essential need for social contacts, for giving and receiving affection, for recognition and esteem may be met by participation in any one of the activities already mentioned. Certainly the purpose of such groups and of the persons joining together in them usually includes the acquisition of friends along with the sheer enjoyment of the specific activity. Some groups, of course, gather primarily for social relationships. The sharing of food and conversation may be the most important elements in such groups. Usually some other common activity is sought as an aid in achieving the purpose of the group. Quiet games, music, dancing, discussion, and action on common problems are the most frequently used devices to facilitate the establishment of friendly relationships.

Recreation Programs Available in This Area

The Chicago area contains many recreational resources for people of all ages. Among these are a number of agencies that have recognized the special interests of older people, their new hours of leisure, and the reluctance and timidity of some to participate in community groups. Special programs have been set up to meet the interests of these persons. These are summarized in Table 16.

The Recreation Committee of the Project

Probably no phase of our program attracted more community interest than the numerous and colorful activities initiated by the Recreation Committee. Because of the expressed interest of groupwork agencies in obtaining some help in starting programs for older people, this Committee was authorized at the first meeting of the Advisory Committee in April, 1947. Membership cut across religious, racial, and nationality groups. Professional workers were not limited to those in recreation agencies but were drawn from professional arts and crafts, occupational therapy, institutional programs, the Public Library and the Art Institute, and public and private family agencies. Older people themselves were included also, from the Borrowed Times Club and the Old Age Assistance Union.

This diversity of interests resulted in a vigorous and competent planning body. The enrichment of leisure-time activities which grew out of the Committee and the contribution it made to local and national understanding of this area of living cannot be fully discussed here. A summary of major accomplishments follows:

Under its guidance, the Project prepared and issued over 1,000 copies of "Fun After Sixty," a guide to recreation for older people. This was used not only by agencies but also by libraries and newspapers. It has now been taken over by the Chicago Recreation Commission.

It initiated an annual "Fun After Sixty" Hobby Show, and later secured co-sponsorship from the Chicago Recreation Commission, the Chicago Park District, the Catholic Charity Bureau, the Jewish Federation, the Lutheran Charities, and the Federation of Settlements.[2] The purpose of the Hobby Show

TABLE 16. RECREATION PROGRAMS FOR OLDER ADULTS IN METROPOLITAN CHICAGO BY AGENCY AND TYPE OF PROGRAM: DECEMBER, 1950

Sponsoring Agency	All Programs	Social Groups	Special Interest Groups	Men's Card and Game Groups
Total	104	63	26	15
Total Public Agency Groups	46	15	17	14
Chicago Park District	39	11	14	14
Altgeld	1			1
Austin Town Hall	2	1		1
Bessemer Park	2	1	1	
Eckhart Park	2		1	1
Eugene Field Park	2		1	1
Franklin Park	1	1		
Gage Park	1		1	
Garfield Park	2		1	1
Grand Crossing	1	1		
Green Briar Park	1	1		
Hamilton Park	3	1	2	
Hardin Park	1			1
Hermosa Park	1		1	
Humboldt Park	1			1
Independence Park	1	1		
LaFollette Park	1		1	
Lake Shore Park	2		1	1
Madden Park	1	1		
Mozart Park	1	1		
102nd Street Park	1	1		
Palmer Park	2	1		1
River Park	2		2	
Russel Square	1			1
Shedd	1			1
Simons	2		2	
Stanton	1			1
Union Park	1			1
Welles	1			1
Chicago Public Library	3		3	
Blackstone Branch	1		1	
South Side Branch	1		1	
Woodlawn Branch	1		1	

TABLE 16. RECREATION PROGRAMS FOR OLDER ADULTS IN METROPOLITAN CHICAGO BY AGENCY AND TYPE OF PROGRAM: DECEMBER 1950 (*Continued*)

Sponsoring Agency	All Programs	Social Groups	Special Interest Groups	Men's Card and Game Groups
Total Public Agency Groups (continued)				
Housing Projects	2	2		
Ida B. Wells	1	1		
Jane Addams	1	1		
Others	2	2		
Cicero Welfare Department	1	1		
Evanston Recreation Bureau	1	1		
Total Private Agency Groups	58	48	9	1
Settlements & Community Centers	43	38	4	1
Association House	2	2		
Benton House	1	1		
Chase House	2	1		1
Chicago Commons	1	1		
Chicago Resettlers	1		1	
Emerson House	1	1		
Erie Neighborhood	1	1		
Gad's Hill Center	1	1		
Garibaldi Institute	1	1		
Glen Ellyn Community Center	1	1		
Good Neighbor Society	3	3		
Hull House	1	1		
Hyde Park Neighborhood Club	1	1		
Jewish Community Centers:				
J.P.I.	4	2	2	
K.A.M. Temple	1	1		
Max Straus	1	1		
Rodfei Zedek	1	1		
Rogers Park	1	1		
Uptown	1	1		
K. of C. (Cornell Square Park)	1	1		
Marillac Center	1	1		
Metropolitan Community Center	1	1		
Northwestern University Settlement	2	1	1	
Olivet Institute	1	1		
Onward Neighborhood House	1	1		
Parkway Community Center	1	1		

was threefold: (1) to stimulate older people's interest in creative activity; (2) to demonstrate to agencies and individuals what could be done; (3) to interpret what is now being done by older people individually and in groups to encourage other agencies to initiate programs. The Recreation Commission eventually assumed responsibility for central co-ordination and administration.

It stimulated the Recreation Commission to start an annual Conference on Recreation for Older People of older people themselves.

It conducted an institute for leaders of groups, "Something New for the Old," in co-operation with Division III of the Welfare Council (Recreation and Education).[3]

TABLE 16. RECREATION PROGRAMS FOR OLDER ADULTS IN METROPOLITAN CHICAGO BY AGENCY AND TYPE OF PROGRAM: DECEMBER 1950 (*Continued*)

Sponsoring Agency	All Programs	Social Groups	Special Interest Groups	Men's Card and Game Groups
Private Agency Groups (continued)				
Salvation Army	2	2		
South Chicago Community Center	1	1		
South Chicago Neighborhood House	1	1		
University of Chicago Settlement	1	1		
Volunteers of America	1	1		
Winnetka Community Center	1	1		
Woodlawn Boys Club	1	1		
Y.M.C.A.	1	1		
Churches	5	4	1	
Christ Presbyterian	1		1	
Edgewater Presbyterian	1	1		
Hyde Park Baptist	1	1		
St. Simons Lutheran	1	1		
South Congregational	1	1		
Unaffiliated	10	6	4	
Borrowed Time Club of Evanston	1	1		
Borrowed Time Club of Oak Park	1	1		
Columbian Exposition	1	1		
Cook County Grandmothers	1	1		
Illinois District American Turners	2	1	1	
Kathryn Skeffington Grandmothers Club (Chase Park)	1		1	
Old Age Assistance Union	2		2	
Original Grandfathers Club, Inc.	1	1		

It stimulated camping for older people. There were no camp programs in 1947; there were five in 1950. It introduced this subject into the regular programs of the Chicago Camping Association and the American Camping Association.

It introduced a section on older people's programs in "Chicago at Play," a conference held by the Chicago Recreation Commission.

It stimulated the expansion of regular group-work programs for older people. There were 50 when we began; there are 104 today.

It secured the acceptance of greater responsibility for work with older people by the Chicago Park District, the Chicago Recreation Commission, and Division III of the Council.

It served as consultant to a survey of recreation in homes for the aged, conducted by a research seminar of the University of Chicago School of Social Service Administration.

It co-sponsored an eight-week seminar on group work with older people with the University of Illinois Extension Division and School of Social Service.

It introduced training for volunteer recreation aides for older people's groups, in co-operation with the Volunteer Bureau of the Welfare Council.

As these activities got under way, Project staff were increasingly involved in consultant work with agencies and with civic groups and in answering individual inquiries about programs. Radio, newspaper, and television publicity brought demands to overwhelming proportions. (We still remember some hundred "lonely hearts" letters, including the one from the man who was "always shy in front of the upset sex.")

By the beginning of 1948, the Recreation Committee was convinced that there was a substantial and continuing task to be done and asked the staff to compile a report on the recreational needs of older people in the Chicago area, the facilities to meet them, and our own efforts to promote programs. On receipt of the report, the Committee made a series of recommendations for the transfer of our work and for the assumption of additional work and indicated the agencies thought appropriate for these tasks.[4]

The negotiations that followed, which are discussed later, illustrated the more rugged aspects of community organization. Out of these recommendations did come the acceptance of greater responsi-

bility by the Park District, the Recreation Commission, and Division III, as well as some small Community Fund allocations toward the salaries of part-time recreation workers for older adults programs in Fund agencies.

Recreation Needs as Noted in the Survey

Our survey in 1948 pointed out tremendous gaps in recreation services for older people. Of some 48,000 OAP recipients, 23,000 lived in the northern and western districts, where the only substantial programs were those of the Jewish Community Centers. On the south side, many neighborhoods were without any groups. Most of the programs for older people were in settlements and community centers which clustered in a relatively small semicircle around the center of the city. There were no special programs operating on a daily basis, and existing programs often met only once a month and not at all in the summer. In the OAP group, 12,000 were homebound and 15,000 lived alone.

The inadequate distribution of groups geographically imposed further hardships, since many older adults either could not afford carfare or did not have the physical energy to travel far.

We did not try to evaluate the quality of programs in this survey, but our own observation showed the need for more constructive and dynamic programming. Too often workers accepted the popular view that "passive" recreation was all that was possible. With the best of intentions, others "gave" programs to their older clients and never considered the potentials for leadership within the group itself. Some agencies said there was no need to expand programs because nobody wanted them, not realizing that older individuals who feel isolated and rejected require special work to bring them into a group and to lead them into active participation.

From other cities we learned that much more could be done than Chicago was doing in 1948. This had been demonstrated by the exciting and imaginative work in Philadelphia under the private Recrea-

tion Association, in New York City at Hodson Center and at the City Welfare Department, and in Cleveland under the Benjamin Rose Institute.

Attempts to Transfer Responsibility

Attempts were made, following the recommendation of the Recreation Committee, to secure a worker for Division III of the Council. When these proved futile, the Recreation Committee in February, 1949, asked the Recreation Commission to provide guidance and consultation service to agencies and groups and to aid in training indigenous and other volunteer leaders. The Commission included a position in its 1950 budget request for this work, but at that point the total budget of the Commission was eliminated by the City Council and the Commission has since operated with a small staff borrowed from the Park District, the Bureau of Parks and Playgrounds, and the Board of Education.

In the meantime we had tried in vain to borrow a person from the Cook County Bureau of Public Welfare for the Recreation Commission, and then we asked the Park District for part-time staff for Division III. In connection with this last plan, in January, 1950, the Executive Committee of the Division accepted this area of work expicitly as part of the regular functions of the Division.

Functions to Be Continued

By this time the following specific functions involved in providing the needed expansion of recreation services had been outlined:

1. Promotion of new recreation programs
   a. Locating facilities and sponsors
   b. Assisting in organization of groups
   c. Assisting in developing programs
2. Improvement of existing programs
   a. Qualitative analysis of programs
   b. Formulation of standards
   c. Training of professional and volunteer leadership
   d. Training of indigenous leadership

3. Community education
   a. Preparation of manual for group leaders
   b. Publication of newsletter
   c. Continuation of "Fun After Sixty" guide
   d. Information service for individuals
   e. Public relations
   f. Special projects (Hobby Show, etc.)
4. Continuing evaluation of community needs

The Recreation Commission and Division III

Shortly before the Project opened in 1947, the Recreation Commission had established a Committee on Recreation for Later Maturity, which gradually became inactive. Early in 1950, however, the reorganized Commission revived and reconstituted the Committee and indicated its desire to carry out the previous request of the Project.

Since there were now two organizations, the Commission and the Division, both of which had at different times accepted broad responsibilities, and both of which had little, if any, staff time to give to the work, a joint meeting was called in an attempt to clarify future programs.

On the surface, both the Commission and the Division have similar objectives and functions. Actually their work has shown different emphases and has been well co-ordinated. Both are formally committed to long-range planning and to the development of adequate recreation programs in Chicago. The Commission appears to have worked more with public than with private agencies and has been active in setting up city-wide events. Division III has worked more with private agencies than has the Commission, and works intensively with Council member agencies in planning and establishing programs and in promoting better standards of work. Much of this is done in connection with making recommendations to the Community Fund.

At this meeting the two agencies agreed that they would both carry responsibility for promotion of new services, improvement of existing programs, and continuing evaluation of community needs. It was agreed that the primary responsibility for an information serv-

ice for individuals should belong to the Community Referral Service. The Commission has already begun a newsletter and has re-issued the "Fun After Sixty" guide. The Commission has also agreed to operate some kind of city-wide event to carry on the objectives of the Hobby Show.

Finally, it was agreed that the Recreation Commission should have the over-all responsibility for recreation work with older people.

We appreciate the sympathetic consideration the Division and the Commission have given this problem and are impressed by the enthusiasm and ability of the Committee on Recreation for Later Maturity, but the wisdom of the last agreement seems open to question both on theoretical and practical grounds.

On theoretical grounds, it appears doubtful whether any division of the Welfare Council should surrender or delegate its over-all responsibilities for almost half a million people to another community agency. At the most, responsibility should be jointly and equally carried. Furthermore, while the Commission has shown its genuine interest in this field by taking responsibility and implementing it, nevertheless, the fact remains that the City of Chicago has gone against the tide of the country by progressively withdrawing support from this important agency, until today the Commission is reduced to a minute staff lent by other city agencies. We doubt whether it is possible to achieve a high level of administration or effective operation for any prolonged period under these circumstances. In New York City, municipal authorities have assigned eight full-time workers to local recreation programs for older people, plus supervisory staff.

The need of our older residents for creative leisure-time activity is great and widespread. Good intentions alone cannot meet this need; careful, co-ordinated planning and staff assistance are essential for this work.

It is recommended that the assignment of responsibilities for the development of adequate recreation programs for older people in Cook County be re-examined by the Welfare Council and the Chicago

Recreation Commission so that functions may be more specifically assigned to Division III and to the Committee on Recreation for Later Maturity.

It is recommended that the Welfare Council retain over-all responsibility for planning and for promotion of adequate recreation services for older people. It is recommended that Division III specifically undertake the following:

1. To develop training for professional and volunteer workers, in co-operation with schools of social groupwork, the Volunteer Bureau, and community agencies.
2. To explore ways of establishing programs in areas now unserved. (It is suggested that co-operation be sought from the Area Welfare Department, churches and boys' clubs, and Y.M.C.A.'s.)
3. To explore ways of establishing facilities open on a daily basis.
4. To promote more adequate referrals to casework and counseling services from recreation programs, in co-operation with Division I.
5. To establish a working section of leaders of older adult recreation groups to learn from each other, to develop qualitative analysis of existing programs, and to formulate standards for staff and program.
6. To work co-operatively with Division I, Division II (Health), and the Volunteer Planning Committee toward the development of recreation for the homebound and isolated, in the community and in protected living arrangements.
7. To work through the Chicago Camping Association for further extension of camping and for the improvement of current programs.

To accomplish this, it is recommended that the Welfare Council include a permanent full-time consultant on recreation and education for older adults in its 1952 budget for Division III.

It is suggested that Division III work closely with the Committee on Community Education, since recreation programs are peculiarly adapted to the interpretation of the needs and abilities of older people.

It is recommended that the Chicago Recreation Commission continue its present activities and that it emphasize the fostering of city-wide and community programs and special events.

It is recommended that the Chicago Recreation Commission conduct periodic institutes to train indigenous leaders.

It is recommended that the Chicago Recreation Commission work with the Chicago Park District on the development of day camps and on the development of a daily program in Lincoln Park.

It is recommended that the "Fun After Sixty" Hobby Show be continued as a co-operative agency enterprise and be expanded into an annual festival for older people.

The Chicago Park District

Leisure-time activities for all ages are provided by the Recreation Division of the Chicago Park District in 96 field houses and 158 parks throughout the city. Older people with special interests or with a desire to learn some new skill may take part in a variety of programs: art and craft classes, square dancing, fly casting, fishing, horseshoe pitching, choral and orchestra groups. In some instances, the older person participates along with others of various ages; in others, special interest groups have been organized by the older people themselves. Outstanding successes are a grandmothers' chorus, wood carving, sewing and quilting groups, and an oldtimers' vaudeville club. There are 15 of these interest groups in the parks composed principally of older people.

In addition, 14 parks have responded to the recreational needs of older men who make the parks their daytime headquarters. Rooms have been provided for card playing and other games, and staff assistance has been offered in planning activities. Twelve parks now have social groups for older people. Four of these came into existence as a result of the joint concern of Park District supervisors and the Cook County Bureau of Public Welfare staff. Case workers from CPW aided in the formation of these groups and have continued to assist in an advisory capacity.

Eight groups came into existence within the last four years as a result of the Park District's encouragement to its supervisors to include more older people in their programs and to aid in the formation of senior recreation clubs.

Museums, Libraries, and Other Resources

For the older person who is able to get about and who has initiative and curiosity or a special interest, there are many chances to pursue an old hobby or to explore a new one. Chicago is well supplied with resources for intellectual and artistic adventure: the Adler Planatarium, the Chicago Academy of Sciences, the Chicago Historical Society, the Chicago Natural History Museum and the Art Institute of Chicago, the Chicago Public Library, and many others. Opportunities for active participation through classes and discussion groups are found in the programs of many of these institutions. Older people use the Library's loan services of lantern slides and phonograph records. In co-operation with the State Department of Public Welfare, the Library provides books in Braille and "Talking Records" for the blind, many of whom are in the older age range. Six branch libraries have historical societies in which older residents participate. Three branch libraries on the south side have begun programs of lectures, discussions, and book reviews specifically designed to attract the older residents.

Other Public Programs

In two suburbs, Evanston and Cicero, public agencies have assumed responsibility for initiating recreation programs for older people. In Evanston, the Bureau of Recreation has for some time administered the Sunshine Club, which schedules monthly parties sponsored by various civic organizations, as well as a home-visiting program for those unable to get out. This club edits a lively little bimonthly magazine called the "Arm Chair Sentinel." In Cicero, the Welfare Department has sponsored a Golden Years Club.

The administrators of two public housing projects, the Ida B. Wells and Jane Addams projects, have aided in the development of a social club among their older residents. Cook County Bureau workers have also assisted in the development of these programs in both of the housing projects.

Oak Forest, the County Infirmary, recently acquired a director of recreation and includes in its program an occupational therapy program and a variety of religious services, as well as friendly visiting and other special activities carried on by the three major religious groups. The recreational and occupational therapy programs are still inadequately staffed to meet the needs of the huge older population at Oak Forest, but a beginning has been made. The extent of recreation resources in the private homes for the aged has been described in the section on housing.

Community Centers and Neighborhood Houses

Most of the private recreation or groupwork agencies have placed their emphasis on youth. Even those whose focus has been work with "the family" have considered, principally, the two-generation family. Neighborhood houses, however, have recognized the needs of grandparents and have helped members of the older generation to form recreation groups of their own. Cook County Bureau of Public Welfare workers have aided in recruiting some of the more isolated older people for these leisure-time clubs and many times have co-operated in the development of the groups. There are now 36 such clubs in neighborhood houses and community centers in the metropolitan area.

In spite of such encouraging interest, the Jewish Community Centers remain the only ones in which special staff workers give full-time attention to this age group. Beginning with one small club in 1938, this program has grown to seven flourishing social centers for seniors. Special-interest groups in crafts, music, and writing have been developed. A summer camp and a day camp for older people, as well as supervision of recreation programs in two Federation homes for the aged, are now responsibilities of this agency. The heartening growth of this recreation program for older people is due largely to the use of a well-qualified and adequate professional staff, which in recent years has been increased from one to four full-time group workers.

In some of the other community centers, qualified, interested leadership has resulted in the development of enthusiastic leisure-time groups. Most of the time, however, an expanding program has been hampered by the limited staff time made available to work with this age group. The Hyde Park Neighborhood Club has been experimenting with a daily "open house" for older people. Special features include regularly scheduled movies, business meetings, parties, and service activity, such as stamping and sealing envelopes for community groups. The aim is a daily schedule of useful and entertaining activities. Here too the program has been hindered by lack of staff.

The Y.M.C.A.

The Y.M.C.A. has traditionally devoted its attention to the recreation needs of those under 35 years of age, although middle-aged and older people have sometimes come into classes on the basis of interest in a particular subject. An encouraging development took place in the fall of 1949, when the Hyde Park Y.M.C.A. (which is located in an area with a large concentration of older people) employed a staff worker to develop a program geared to the needs of the senior members of the community.

The proximity of the University of Chicago, with a number of retired and older faculty members, together with the generally high cultural level of the community, has combined to build an intellectually stimulating program for older people in this neighborhood. Discussion and book-review groups have been formed by these Hyde Park Seniors. For those who are approaching their sixities, they have sponsored an institute on Living in the Later Years and are planning a second one on Planning for the Later Years.

The Central Y.M.C.A. also has conducted a special course for older people during the past year and is currently planning to extend additional opportunities to older adults.

The Red Cross

Although the American Red Cross, Chicago Chapter, has not operated any leisure-time programs specifically for older people, its Production Units have contributed a great deal by accepting many older volunteers. Older women participate in rolling bandages, making baby clothes, knitting a variety of articles as needed for the armed forces, for veterans' hospitals, and for disaster victims. Some of the activities are carried on in groups; others provide useful and interesting work at home. One friendly visitor enrolled several homebound older people in this work, bringing to them instructions and materials from the Red Cross and collecting the finished products. The Project also learned of another provocative Red Cross Gray Ladies program in Galesburg, Illinois, where the Gray Ladies introduced a remarkable recreation program into the Knox County Home and Hospital, as well as providing transportation for residents through their motor corps.

Church Activities

The Project's study of the needs of older people indicated that attendance at church, synagogue, or temple was often the one important outside contact for many individuals. This activity, therefore, had for those persons a social as well as religious value. The extent and degree of participation of older people in church life is unknown. In church, however, as in many other aspects of life, emphasis has been on youth and large numbers of older people in the congregation have often been regarded as a deterrent to youthful participation. As older members drop out of places of responsibility in church activities, they frequently fail to find substitute satisfactions.

In general, the churches of Chicago and vicinity are just beginning to recognize that there may be a need to provide more opportunities for older people to participate in church activities.

Looking at existing programs, we note that the Borrowed Time Clubs of Evanston and Oak Park have met in church buildings but

have had no formal connection with the church. There are at present only five groups of older people organized as a result of the initiative and leadership of the church. Two are on the south side. The one previously mentioned in the Hyde Park area has been focusing its attention on activities that are useful to the church. Of the three on the north side, one is a quilting club of older women and the other two, recently organized, are attempting to build programs based on the needs and interests of the older men and women in the church.

Independent Clubs and Special Interest Groups

Clubs are commencing to show the impact of our aging population in the increase in age of their members. This is true in fraternal, social, athletic, and civic clubs. Some groups are responding to the needs of their older members with special interest programs. One women's club began a charm course for older women. Gym classes for older men and women have been formed in some fraternal organizations. Other organizations, such as the League of Women's Voters, the Foreign Policy Association, and community councils, are attracting more older people who have time, ability, and interest.

The fact that older people have more time to pursue such interests may inspire the formation of specialized clubs among older persons. The factor of "time on their hands" has led to the formation of voluntary social groups such as the Borrowed Time Clubs, grandmothers' and grandfathers' clubs, and the Swiss Ladies' Club. This motivation, when combined with interest in their own financial welfare, has led other older people to organize the Old Age Assistance Union and the Townsend Clubs.

Camps

Although camping has been enjoyed by a few hardy older individuals in hiking or mountain-climbing groups, the Project found that it had not generally been considered a suitable activity for older adults. True, an occasional grandmother or grandfather had slipped into fam-

ily groups going to agency camps; Bethany Home had been maintaining a cottage for its residents at the Methodist Camp Ground; and some older diabetic and heart patients of Michael Reese and Mount Sinai Hospitals had been spending a two-week period at a camp sponsored by the National Council of Jewish Women. Nevertheless, the interests and needs of older individuals were not the basis for planning camp programs when the Project opened in 1947.

In the Spring of 1948, the Volunteers of America organized a club of older people, under the direction of an older woman, and that summer provided two ten-day periods at camp to forty older men and women. The Municipal Tuberculosis Clinic gave the necessary physical examinations. The men stayed on after the camp periods to complete the construction of new cabins so there would be room for all the group in one period the following year. Motion pictures of this pioneering venture were taken by the participants and were shown at the Hobby Show, where they aroused interest among other groups.

In 1948, Hull House included four or five older women along with a group of mothers in a precamp period. Glowing reports ensued. The following year, twelve men and women from the Young Old Timers went to camp for the precamp period. In 1949, also, there was a planned program for these older campers. This included puppet making and shows, hikes, gardening, berrying, and picnics. When a group of young people came out for the week end, many of them joined the Young Old Timers in folk dances and the Old Timers reciprocated by cheering their baseball game.

The Jewish Community Centers had also been considering camping as a desirable experience for their Golden Age groups. In 1949, the staff worked out arrangements with the National Council of Jewish Women and with the two hospitals whose clinic patients had been attending Council Camp to include women from the Golden Age groups, along with the clinic patients, in a preseason camp of two weeks duration. The hospitals supervised the medical program, with a doctor and a nurse on the grounds. The Jewish Community Centers

furnished a group worker to conduct the program, under the general supervision of the camp director, and some of the regular camp counselors assisted. The program provided folk dancing, group singing, arts and crafts, quiet games, nature walks, croquet, rowing, fishing, a limited amount of swimming, a newspaper, campfire discussions, and trips to points of interest. Forty-eight women, ranging in age from 49 to 80, attended the camp in 1949. About half of these were clinic patients. In 1950 the number of campers was increased and men were included. It is worthy of note that the clinic patients found only sunburn and mosquito bites to complain about when they participated with the Golden Agers in a program of planned rest and activity. In 1950, the Salvation Army made its camp available to several groups of older people from some of the settlements during the regular camping season.

All of these agencies encountered some difficulty in interpreting camping to older people, since most of them had never experienced anything like it when they were younger. Those on pensions were concerned about what would happen if their pension check came while they were away. Men who lived in rooming houses or hotels were afraid to leave their possessions unattended. Those who had children sometimes had a problem in quieting the fears of their children that this was too risky an experience for the parent.

The Director of the American Camping Association, Gerald Burns, summarized the experience of the first three Chicago camps for older people as follows:

1. Camping experience has much to offer to the enrichment of the life of older people.
2. There appear to be fewer problems in considering camping for older people than had been anticipated.
3. A further advantage of such camp periods lies in the fact that the camps can be used for a longer period; furthermore, these programs should be an asset in the public relations of any camp.
4. There is need for recording of experience in the field of camping for older people in order to pass on what has been learned.

Industrial Programs

In the last few years, there has developed a perceptible interest in business and industry in the encouragement of leisure-time activities among older employees prior to and following retirement. Progressive management is beginning to appreciate that the older worker needs this stimulation as a substitute for earlier family and social activities. New interests preserve the mental and emotional stability of the older employee, thus tending to maintain his efficiency on the job; furthermore, outside interests are an invaluable cushion for the traumatic shock of retirement.

One notable example of such an industrial recreation and social program is the Telephone Pioneers of America. This organization consists of older employees of the Bell Telephone system and is designed to foster the development of hobbies and other activities. The Pioneers have found that hobbies in themselves are not a sufficient substitute for an employee's lifetime occupation and that the need for social contact must also be met. The Chicago Pioneers take part in an annual hobby show and, throughout the year, work to promote programs for persons with common interests.

Other companies which have been carrying on programs directed towards the development of outside interests include Cleveland Twist Drill, Acme Steel, Western Electric, and Standard Oil.

In a large city like Chicago, where workers frequently travel long distances to their jobs, the retired employee's problem of maintaining a social life is often accentuated—particularly if for years his social contacts have been primarily centered in his work. It is therefore highly desirable that, at least in the five- to ten-year period before retirement, personnel workers and union counselors see to it that the older worker receives information about possible leisure-time activities and opportunities for social contacts in the worker's own neighborhood, or in easily accessible locations. *It is recommended that Division III, the Committee on the Older Worker, the Area Welfare*

Department, and the Labor-Welfare Service co-operate to encourage such programs.

Commercial Recreation

Older people participate in commercial recreation according to their interest and ability to pay. They—as do people of all ages—enjoy opera, theater, music, baseball, football, fights, movies, or circuses. More actively, they participate in the entertainment offered by commercial dance halls, roller- and ice-skating rinks, swimming pools, bowling alleys, and pool halls. Commercial dance halls have recognized the demand of the middle-aged group by providing special nights for those over 35. Other commercial enterprises that attract a large clientele are radio and television broadcasts and taverns. These are popular because they provide a place to go during the day at low cost. Furthermore, the older person is accepted without any discrimination because of age.

The Volunteer Friendly Visiting Program

Before the opening of the Community Project, its predecessor Committee on Care of the Aged and the Volunteer Bureau of the Welfare Council had conducted one course to train Friendly Visitors. A small Volunteer Planning Committee had been established to develop the training program. When the Project began, this program was transferred to it, and the Volunteer Planning Committee was considerably enlarged. In the following years, six additional courses were given, training approximately 250 men and women; half are now active.

The Friendly Visiting Program is an attempt to provide companionship for those of our older neighbors who have become socially isolated and homebound. Somewhat to our surprise this activity proved to be one of the most popular and appealing to the community at large. Employed men and women enrolled for training in the evening and, soon after the program began, the visitors requested monthly meetings to continue their education.

Friendly visitors, when their training course is completed, are assigned to agencies that have requested them and that can assign them to older clients and provide supervision for subsequent work. Agencies assign visitors only to older clients who have indicated they would like them. Agencies using visitors include family agencies, the Department of Visitation of the Blind, the Home for Incurables, homes for the aged, and the Cook County Bureau of Public Welfare. Since some training for recreation aides has been included in the program, several visitors work under the supervision of community centers

In 1950, the United Lutheran Social Mission Society and the Lutheran Charities requested that some of their church volunteers be included in the course with the understanding that these agencies would supervise their subsequent activities. The possibility of extending such training to the hundreds of church-sponsored visitors is highly desirable.

As newspapers and broadcasts told of the Friendly Visitors, we began to receive requests from families who were not known to agencies. Sometimes everyone but the old person had to be away all day. Others felt the need of outside contacts or of an older visitor who could reminisce with the elderly person in the home. The United Charities, which had one of the oldest visiting programs in the city, accepted responsibility for answering these requests and for providing a vistor when this seemed indicated. It is to be hoped that the United Charities can continue to carry this responsibility since loneliness is certainly not the exclusive property of agency clients.

In 1950, when it became apparent that the Project was not likely to continue, we intensified our efforts to transfer work, and the major responsibility for the Friendly Visiting Program was transferred back to the Volunteer Bureau. Since it is important for the training courses to be kept up to date and since it is equally important that a strong interrelationship exist between the program and the agencies supervising volunteers, *it is recommended that Division I continue to provide consultant service to the Friendly Visiting Program.*

The Knoblauch Hobby Clinic

One other noteworthy outcome of the Volunteer Program was the Bertha Knoblauch Hobby Clinic, which was sponsored by the Volunteer Planning Committee. From the Friendly Visitors and from agency workers we had received many expressions of concern about the need for significant activity for older people who were withdrawn or homebound. Since this was a relatively unexplored field, it was difficult to find out what such older people would like to do and how we could teach the volunteer visitors certain arts and crafts which they in turn could make available to those they visited.

At this point we were offered a flower fund set up at the Chicago Community Trust by Miss Marion Knoblauch at the time of her mother's death. This was to be used to make life more pleasant for the infirm, lonely older person.

As a result, the Volunteer Planning Committee decided to set up an experimental demonstration program to see what could be done in teaching arts and crafts to the homebound. The Clinic operated from April 14 through July 20, 1950, at the loop YWCA. Sessions were held once a week from 10:30 A.M. to 3:00 P.M. under the direction of a Project staff member and a retired occupational therapist. To the Clinic came Friendly Visitors and nursing home operators. Both of these brought to the Clinic a selected group of older men and women. Other older persons came by themselves or with the assistance of a relative.

The weekly sessions gave everyone a chance to try his hand at a variety of skills—leather work, ceramics, weaving, painting, modeling, and similar activities. Emphasis was placed on arts and crafts that the older person could afford and could carry on by himself at the end of the term.

Although the total group was restricted to a small number—16 to 20 persons—the results convinced us that this kind of a program is needed on a permanent basis in Chicago.

With the counseling provided by the Project, every older individual in the Clinic showed definite progress back into community life. Some went on to share in the programs of other community agencies; others left, planning to put their new skills on a paying basis by making articles to sell. Nursing home operators and Friendly Visitors had a wonderful time and began to introduce what they had learned to the older persons they knew who could not be brought to the Clinic.

As this is written, the program will reopen in February, 1950, to accommodate a registration of 30 persons. It has been renamed a Hobby Center for Senior Citizens and will operate under a special advisory committee affiliated with the Volunteer Bureau. Counseling will be provided by the Association for Family Living. The cost of the program will be met by fees for those who can afford it and by scholarships from individuals and groups. The fee for a three-month course is $15.00.

This one limited activity seems to us to offer great promise as an effective way to reduce the tragic inactivity and isolation that so many older people now endure. *It is recommended that Division III, in cooperation with the Volunteer Bureau, encourage the establishment of additional hobby centers in other areas of the city.*

Education and an Aging Population

Educational programs required because of the increased life span fall into three divisions: (1) community education, which was discussed in Chapter I; (2) programs to meet the eductaional needs of older people; and (3) education for those who work with older people.

At the risk of being monotonous, once again we must point out that until the last few years the field of education showed almost no appreciation of the vast unmet need of older people for educational opportunities. Educational programs designed specifically for older individuals were almost nonexistent except for a few tentative pioneering ventures, and not many older persons were enrolled even in the

so-called adult education classes. (Chautauqua was a famous exception to this.)

It was not until October, 1949, when the Committee on Education for an Aging Population of the Department of Adult Education of the National Education Association met for the first time, that formal nation-wide consideration of this subject got under way. This Committee, chaired by Clark Tibbitts and including in its membership the Director of the Community Project for the Aged, urged all adult education agencies to pursue the following objectives:

"1. Revision of the attitudes of all community groups in order to achieve recognition of the usefulness, the dignity, and the needs of older people.
"2. Creation of educational activities that will prepare all people for the second half of life and that will meet their needs as alert, functioning members of society. (Activities in this area fall into two groups: first, those that relate to ways in which individuals can adjust to the changes that come with longer living and second, those that provide the informational material and skills necessary for direct participation.)
"3. Retraining older workers for employment in occupations suited to their changing capacities and for eventual retirement. . . .
"4. Giving professional workers in all fields the new knowledge they need for successful work with older people." [5]

The Committee also noted the absence of satisfactory materials to guide agencies wishing to set up programs, but felt that the immediate needs were so urgent that educational agencies should start programs as best they could without waiting for greater development of material in a few experimental programs. The Committee recognized that the interrelationships that exist between the needs of older people demand of the educator in this field a broad knowledge, not only of his older students, but also of the resources offered for them by the community.

Finally, the Committee strongly recommended establishment of experimental programs throughout the United States and that these should be adequately recorded and evaluated in order to assemble information on effective teaching programs as speedily as possible.[6]

One year later, when the Committee met the second time, it was remarkable how greatly interest in this field had increased during the

interval. Communities throughout the country reported beginning a wide variety of programs. This momentum had undoubtedly been given additional impetus by the National Conference on Aging in August, 1950. There the section on Education, chaired by Wilma Donahue, conducted a thorough exploration of current educational programs and of desirable expansions in this field.

Educational Activities of the Community Project

Many of the programs discussed in other sections of this report are of an educational nature—for older people themselves, for workers, and for the general community. In the following paragraphs, attention is given to our work with local educational agencies, disregarding the details of the Project's own community education program and Project contributions to programs elsewhere.

During the first year of the Project, we became increasingly aware of the need for educational programs for agency personnel. As our efforts to promote more and better services began to be felt, agencies more and more frequently asked us what kinds of staff were needed and where they could be obtained. We were conscious that our position was hardly tenable until we could answer these questions positively.

It was apparent that development of the special skills and understanding required to provide constructive social work programs for older adults had largely been a matter of learning on the job. So far, schools of social work had provided little training in this field. In March, 1948, therefore, on recommendation of the Advisory Committee, the Community Project sent inquiries to the American Association of Schools of Social Work and to fourteen schools of social work serving the Midwest. We asked whether they were offering any courses in recreation, casework, or institutional supervision, which were specifically directed toward the needs of older people in these fields. We asked whether they contemplated giving such training or extending training already being given. Finally, if no courses were

being offered, we asked what had been the obstacles to the development of training for work for the aged.

The response was revealing and explained, to us at least, why so few social service graduates appreciated the challenge and satisfactions encountered in working with older people. None of the schools we queried were offering courses specifically concerned with the problems of older people. Two had previously conducted special summer workshops or institutes. One school did provide field-work placements for groupwork students in older people's groups. That was the sum total of professional training specifically designed to supply social workers to help older people with their problems.

The secretary of the Association of Schools of Social Work, in her reply, expressed an opinion that schools were becoming conscious of the importance of this field and were beginning to place more emphasis on the problems of aging in their regular courses. Several of the schools said that they felt that the generic approach in social-service training produced workers who could adapt their knowledge of basic human needs and basic social service skills to the problems of the aged whenever needed.

Courses for Workers

After this survey, the Advisory Committee recommended that the Project work intensively toward the establishment of educational programs for those who were working with older people. Subsequently the following courses and institutes were developed by local universities with assistance from the Project:

1. University of Chicago, University College and Sociology Department, Problems of Adjustment in Later Maturity and Old Age (one quarter).
2. University of Chicago, Committee on Human Development and School of Social Service Administration, Institute on Problems of Old Age (one week).
3. University of Chicago, School of Social Service Administration, Casework with the Aged (one quarter).
4. University of Illinois, School of Social Work, Group Work for Older People (8 sessions).

5. Loyola University, School of Social Work, Problems of Old Age (one quarter).

In addition to these, in 1950 and early in 1951, Loyola conducted a one-day institute on geriatric nursing, the Church Federation a day's institute for church workers, and the Adult Education Council a day's institute for workers in adult education programs.

Courses for Older People

Programs for middle-aged and older people about aging, its problems, and ways of meeting them were also arranged at a number of agencies with assistance from the Project. The first of these was a community lecture series in January and February, 1950, co-sponsored by the University College of the University of Chicago and the Project. There was a $5.00 charge for six lectures and maximum attendance was 180 men and women. Held in the Loop in the evening, these six lectures attracted a good cross section of the community and an information service conducted by Project staff did a thriving referral service to other programs in Chicago. The University College is planning to make this series an annual event.

The Y.M.C.A. College offered a more intensive one-quarter course for older people themselves, "Planning for the Golden Years," with a psychiatric social worker as instructor. Here individual consultation was made available with good results. In 1950 also the Extension Division of the University of Illinois provided a course on planning for the later years.

Continuing Programs Required

The work required to plan and conduct these courses was time consuming, but the response of workers and older people to additional education was enthusiastic and evidence of the need for continuation of educational work.

Continuing work in this area should also include the extension of cultural educational programs aimed at the progressive enrichment of individual lives as the years go on. It should include the vocational

training mentioned in the chapter on employment and retirement. It should include family education programs as well as programs about the individual older person's problems.

Professional training is required not only for social workers, but also for doctors and nurses, rehabilitation workers, ministers and church workers, teachers and personnel people. Training for volunteers has already been discussed.

How can these programs be developed in the future?

It is recommended that the appropriate Divisions of the Welfare Council continue the promotion of special training for professional work with older people.

This would mean that Division I would provide stimulus and consultation for training in casework, institutional management, church work, and personnel. Division II would be concerned with training for medical social workers, doctors, nurses, nutritionists, and rehabilitation workers. Division III would be concerned with group workers and leaders of adult education programs.

It is recommended that Division III be responsible for the promotion and planning of a broad community adult education program for older people.

It is suggested that a special Committee on Education for Older Adults be established for this purpose, including all pertinent agencies.

Footnotes to Chapter V

1. Helen R. Geddes, *Musical Activity for Older Adults,* Federal Security Agency, August, 1950.
2. *Fun After Sixty Shows, 1947 and 1948,* Community Project for the Aged, 1949.
3. *Toward an Understanding of the Leisure Time Needs of Older People,* Community Project for the Aged, 1947.
4. *Report on Recreation Needs of Older People in Chicago Area: February 27, 1948,* Community Project for the Aged, 1948.
5. "Education for an Aging Population," *Adult Education Bulletin,* December, 1949, p. 60.
6. *Ibid.,* pp. 61–62.

6

Casework and Counseling

Do Older People Need Casework?

Do older people want casework and counseling services? Can they be helped or are they "too set in their ways" to change? Is it worth while spending time with them? Aren't their lives almost over, anyway? Should time be spent with older people when there are not enough services to go around? Wouldn't it be better to concentrate on children and young adults?

With what problems do the aging need help? What kind of people should try to help them? What kind of training is needed?

With increasing frequency these and similar questions are being asked today. For the past ten or twenty years they have been heard occasionally, but the voices have been few, the responses faint. None of the social sciences which are primarily concerned with people, their problems, their emotions, their behavior, has in the past given major emphasis to the aging process as it affects individuals once maturity is reached. Courses leading directly to work with older people were seldom offered in either undergraduate or graduate schools of the social sciences.

The preceding pages have offered abundant evidence that older

people do need help with many different kinds of problems; there is a wealth of additional testimony.

In our own study of the needs of older people, the complexity of their problems was startlingly apparent. Health, housing, and financial problems were a typical trio. Chapter III of this report showed how increasing physical disability necessitated new housing arrangements with more personal services included. We saw how eviction or increased rental precipitated other requests. Still another group sought new homes because of difficulties in adjusting within a family setting.

In this complex of problems, family difficulties often arose out of crowded homes, out of the increased cost of support for the older person, or out of the desire of younger members of the family to go to work rather than stay home to care for an older person.

From another point of view, we have noted how frequently health problems caused unemployment and how continuing expenditures for medical care exhausted financial resources. Lowered incomes many times forced older people into cheaper housing, which at times certainly aggravated physical and emotional disabilities.

The way in which the initial problem of the older person results in a composite of many problems suggests strongly that in a large urban society careful and co-operative community planning and action are essential if we are to minimize the destruction of personal independence. The quick victory difficulties in old age win over the individual may be likened to the spread of a cancer, but, in this field, the possibilities of arresting subsequent disintegration of the individual through early detection of the problem have hardly been touched upon. Whether the initial impetus toward dependency is unemployment, personal maladjustment, a sudden or insidious illness, or a change within the family, too little thought has been given to the possible achievement which might be accomplished through positive, constructive action in the initial period of difficulty.

Among the 552 persons in our study, there were 190 case records in which workers had noted problems involving family relationships and

personal adjustment to other situations or people. Probably help in this area was needed by many more with whom workers had had too brief contact to discern personal problems. The large number of older people being committed to mental hospitals, discussed in Chapter IV, footnotes this problem area.

The Nature of Needs for Casework and Counseling

Case workers experienced in dealing with older people tell us that the fundamental emotional problems the elders present are frequently similar to those presented by younger clients. Although these emotional problems may be complicated by difficult environmental factors, the basic human needs evidently are the same. However, this does *not* mean that old people are like children, nor can they be treated as such. The physical changes that come with aging, along with the difficult environmental factors that often come with later living, result in a transformation of these basic human needs into problems that require special skills and special understanding if we are to provide effective services.

Ollie Randall, whose efforts in this field have stimulated better programs for older people throughout the whole country, has voiced the feeling of many who work with older people when she said:

> "Today when we go to discuss the special needs of older people—whether those needs have to do with financial support, employment, recreation, hospital care, education, and *especially the social services*—we are met with the statement that old folks are just people and must be treated just as are other people in the community. This is a fundamental human and social fact—and no one would quarrel with the situation were that fact the guiding principle today. . . . The fact of the matter is that old people are not being so treated. Let us not fool ourselves about that, nor let us evade issues by lip service to what becomes a wearisome, meaningless platitude. . . . While age is permitted to act negatively as a barrier, we are, on the other hand, told it is not sound to plan positively for older people on this basis; this, in spite of the fact that what is done for children and adolescents is geared to their special needs, which have been isolated and studied in all instances by the persons providing the service." [1]

In the last four years the staff of the Project talked with many older

people who were seeking help both with environmental and with personal problems. There were people approaching retirement who wanted help in preparing themselves for the change; people with serious emotional difficulties trying to find psychiatric service they could afford; lonely old people hunting companionship, security, and refuge. Younger people came to us concerned about their parents or other elderly relatives. Some worried about their fathers who, since retirement, had lost all interest in living. Others were concerned about their mothers who, since widowed, had become depressed, lonely, and fearful.

Problems Requiring Casework or Counseling

The difficulties with which older people need help may be divided into two general categories. First are the concrete or tangible problems, such as financial dependency, housing, health, and personal services. Descriptions of needs and services in these areas have been presented earlier in this report. Too frequently such services as are available to the older group are limited to help with these tangible elements.

In a second category come intangible or less tangible problems. These include personal maladjustment, need for recreation and leisure-time activities, educational and cultural needs, vocational and employment problems, spiritual hunger, and sexual frustration.

In the Project study the instances of personal maladjustment were divided roughly into three groups. Two of these involved maladjustment between the older person and his family and one between the elder and those outside his family circle. In the first of these groups this maladjustment has come about because of a recent change in the situation of the older person. An example might be a case in which children accepted additional personal and financial responsibilities for a parent during illness or after the death of the other parent.

In the second group, personal maladjustment is the result of emotional tensions of long standing between the older person and his children. Maladjustment of this kind may have been latent until

periods of stress, due to illness, to financial needs, or to other crises. Such friction was particularly noticeable when the parent turned for financial help to grown children who felt that they had received inadequate care from the parent during childhood.

The third group of cases in which signs of personal maladjustment were noted involved poor adjustment to people outside the family and to a variety of situations, usually representing some change in status. Situations which stood out as unusually difficult for the older person to adjust to were dependency, reduction of resources and subsequent lowered standard of living, inability to work, poor health, and unsatisfactory living arrangements.

Evolution of Work in Personal Adjustment of Older People

The last section of our population to receive the serious attention of students and practitioners in the field of human behavior was the older age group. This is true, in general, in social work, psychology, sociology, medicine, psychiatry, and related fields. There have been a few notable exceptions, but even in our largest cities, where social welfare services are most complex and highly developed, one must often search to find the agency or organization which gives the problems of older people the same degree of attention and quality of service offered to children and younger adults.

One of the pioneers in the field of helping elders with problems of personal adjustment was Dr. Lillien Martin, a child psychologist. Retired in 1916, at age 65, she spent the following year trying to adjust to idleness. Later she began counseling older people, using her own sensations of despair, discouragement, and uselessness, and her methods of overcoming them, to help others. Her interest in old people grew out of her own dismal experience, her observation that her reactions were shared by other people, and out of her knowledge that discontented old people had a detrimental effect on children. Finally, in 1929, she opened her Old Age Counseling Center in San Francisco.

Dr. Martin emphasized developing a purpose in living, finding something an older person could work toward. Once a purpose became sufficiently strong to be an energizing agent, rehabilitation was on its way. Successes and failures reported in the writings of Dr. Martin and her associates demonstrate the importance of this approach. Implicit is the suggestion that programs aimed primarily at making the old comfortable and keeping them amused are ineffective.[2] Dr. Martin's observations are still among the most valuable for the counselor with the individual older person.

Early psychoanalytic literature, emphasizing the first few years of life as the source of all emotional problems, discouraged work with people past forty. The problems of the middle-aged and older person were regarded as far too deep-seated to be accessible to psychiatric and analytical techniques. But inevitably and gradually evidence appeared that raised questions about earlier assumptions. Today an increasing number of progressive psychologists, psychiatrists, and analysts are beginning work with older people in treatment and research. Psychotherapy and other approaches are yielding promising results. (See Chapter IV.)

Research in Personal Adjustment

Sociology became interested in older people at a relatively early date. This interest grew naturally out of studies of population trends, where the increasing significance of old age was clearly evident. The sociologist found himself wondering what it meant to grow old in our society and what would be the effect on communities as more and more people were what we call old. What factors enter into a satisfactory adjustment in old age?

After more or less scattered studies beginning in the early thirties, the Social Science Research Council in 1944 set up a Committee on Social Adjustment in Old Age and made available a grant for systematic research. Two publications resulted. The first of these is *Social Adjustment in Old Age, a Research Planning Report,* edited

by Otto Pollak and issued in 1948. The second is *Personal Adjustment in Old Age,* which was issued in 1949. The authors are Robert Havighurst, Ernest Burgess, Ruth Cavan, and Herbert Goldhamer. The major portion of this research was carried out at the University of Chicago, under the Committee on Human Development.[3]

From the point of view of social service, these studies are of value in giving us some information about the people who have not come to the social agencies for help. Are their problems beyond the scope of social service? They don't appear to be. Also, material on the relatively well-adjusted older person throws into better perspective the problems of poor adjustment that do come to our attention. In addition these studies once again point out the variability among people as they age. Finally, the inventories of attitudes and activities of elders in these sociological studies are excellent reminders of the many facets which social studies should comprise, and the attempts to seek significant correlations between the various factors in these inventories assist in the analysis of case data on older people.

There has also been an increasing interest in research into the psychological and physical aspects of aging in recent years. Methods of measuring loss of various mental abilities in advanced age, and the rate of loss in normal and abnormal persons are being developed. Limited, but hopeful, studies of neurotic and psychotic older people and their response to different kinds of treatment have been appearing more frequently. Other investigators are looking into the relationship between mental health and physical health, diet, and specific diseases.

Greater emphasis on the necessity for added research into the manifold aspects of aging is being voiced every day. Although students in the field generally agree that older people have the same basic needs as people of any age (to love and be loved, to feel useful, to feel secure), there still remains much room for exploration as to *how* older people can retain these feelings or recover them when lost.

These are some of the interesting and encouraging developments in gerontological studies today.

Most encouraging for fruitful results is the fact that current research among the social and physical sciences into the problems of aging is showing a marked tendency to employ a combination of disciplines. Sociologists, educators, psychologists, psychiatrists, doctors, social workers, anthropologists, economists, and political scientists—are joining together to discover the needs of older people and to find effective methods for their care and treatment.

Relationship between Research and Direct Service

Out of some of these joint studies have developed direct services for older people. Indeed, almost any student in this field who comes in direct contact with older people tends to acquire a caseload. One outstanding example is the old age program of the Institute for Human Adjustment at the University of Michigan where many elders attended, seeking answers to their problems of later living. Initiated by Clark Tibbitts and Wilma Donahue, classes on aging conducted through the Extension Service have been interspersed with annual institutes the past three years.[4] This year, recorded lectures and telecourses have been added.

An experimental three months' program in recreational and occupational activities in the county infirmary at Ann Arbor yielded valuable material for measuring the effect of such activities on mental and physical health. It also resulted in greatly increased community interest in services for older people and a continuing program of recreational and occupational activities at the infirmary. One group vitally interested in helping in this program was a club formed by the older people who had attended the University extension courses and institutes. The work at Michigan emphasizes the productive results of combining research, service, and training. Similar programs are developing in other sections of the country, including the University of Illinois and the University of Chicago. All of these are concerned with the personal adjustment that is being made by the aging individual.

Social Service and Personal Adjustment

Social services for older people, as well as social work education, have obviously not reflected the same progressive interest found in sociology and psychology, nor has there been apparent the same appreciation of the value of combining disciplines in analyzing and ameliorating the problems of old age. Even after the Social Security Act, which enabled many more older people to continue living independently in the community, relatively little attention was given by social agencies to problems of personal adjustment.

It is still the usual practice, in setting standards for size of caseloads in the public agencies to "weight" the loads heavily in favor of children's cases. Accepted standards for OAA or BA caseloads are two to three times the size of ADC or child welfare caseloads. This is based on the assumption that few people need help with problems other than financial. This practice also ignores the fact that it is almost impossible for the old person to find other sources of help for his personal problems, whereas the child may often turn to a settlement house worker, a Boy Scout leader, an infant welfare nurse, a school counselor, and a variety of other workers.

A similar pattern has been repeated in the private family agencies. To quote Elizabeth Dexter:

> "Long after we had ceased a benevolent type of service to other groups of clients, we continued almost exclusively this sort of service to old people. We were fond of them, wanted to protect them, but we were not really interested in them. Our dissatisfaction with the only help we thought they could use led many of us in the private family field to withdraw as far as possible from assuming any responsibility for the aged."

Later, she continued:

> "As caseworkers bring to bear their diagnostic skill upon the problems of old age, they will find an area of activity as rewarding as any field of casework." [5]

Casework and Counseling Services in Cook County

Skilled casework and counseling to help older people in solving personal problems should theoretically be available in public and private

family agencies, recreation and health agencies, and homes for the aged. More specialized forms of counseling, as previously noted, are required in particular situations, for example, in preparation for retirement, in employment and vocational guidance, and in effecting new types of living arrangements.

Looking at the lack of services for older men and women in the public programs and the small number of older people accepted for service by the private family agencies, we are faced with the question as to whether many social agencies still do not "withdraw from assuming responsibility for the aged." This is not a situation peculiar to Chicago. In all communities where there have been studies of the needs of older people, it has been found that the private family agencies serve a very small proportion of elders both in relation to the total aged population and in relation to the total agency load. Recent surveys in Houston, in Los Angeles, and in Milwaukee illustrate this point.

Our own study found that in the four major private family agencies in Chicago, in the spring of 1948, there were a total of 286 continued service cases of older people under care and 150 brief service cases involving elders. The agencies themselves were surprised at these low totals, since they do not usually keep a segregated count of the number of older people receiving service. At that time only the Jewish Family and Community Service, which had a well-established Department for Care of the Aged, was carrying a substantial load of older people.

All the agencies recognized the limited nature of the services being extended, but they had been struggling with budget problems and apparently operating on the premise that any hard-won expansions should first be directed toward meeting the many gaps in service that still existed as far as younger people and children were concerned.

Since 1948 there have been encouraging expansions in the amount of care provided for older people in the Jewish Family Service, the

Catholic Charity Bureau, and in the Lutheran Social Mission Society. Other agencies have shown a greater awareness of the problems facing older age groups and of the necessity for extending more services to them, but have not yet been able to overcome financial obstacles in the path of expanded services.

As contrasted with intensive casework programs, information and referral services are more frequently available to older people, both in the private family agencies and through referral and information programs.

Public Family Services

What services of this kind do we have in Cook County? The staff and program situation in the two major public family agencies—the Cook County Bureau of Public Welfare and the Chicago Department of Welfare—has already been mentioned in the section on employment. In the first of these, which serves as best it can some 49,000 Old Age Pensioners, intensive casework is rarely possible because of lack of staff. This is also true in the Chicago Welfare Department, with some 6,500 older persons on its rolls.

In our study, the reading of 307 public agency records showed how frequently the workers were able to make only one visit a year, and this one with the focus principally on the financial status of the client. It should be noted that these records also not infrequently revealed workers' efforts, far beyond the formal requirements of their jobs, to provide extra services in emergency situations. Many times we could read between the lines and see the workers' distress at not having time to do the job they saw was needed. Conversations with workers and supervisors echoed this concern to make more nearly adequate service available.

Private Family Services

Four private family agencies in Chicago offer general casework service for adults. Three of these have special services for older people.

These are the Catholic Charity Bureau, the Jewish Family and Community Service, and the United Charities.

The Catholic Charity Bureau primarily serves those of the Catholic community. Casework service is provided to persons in their own homes, and in relation to securing protected living arrangements in nursing and boarding homes. Through this department, service is extended to the Catholic homes for the aged in this area. Help is given in improving programs, admission procedures, and eligibility requirements, and in planning related to the establishment of new homes. Consideration is under way as to how the agency can assist in the adjustment of individuals to group living in homes for the aged. Intake studies are made for two homes at the present time.

In the Jewish Family and Community Service, through the Department for Care of the Aged, which was established in 1931, help is given Jewish persons sixty and over. Service is given to those who require skilled counseling for reasons of acute or chronic illness, social isolation, pressing personal problems, unsatisfactory family situations, or financial need. Applicants are provided care in their own homes or in boarding or nursing homes. Care may encompass counseling, financial assistance, housekeeping service, medical care, placement in nursing and boarding homes, and referral for recreation or employment. The Department studies all applicants for admission to the two Jewish homes and extends casework service to residents of the homes.

In 1938 the Family Service Bureau of the United Charities assumed increased responsibility for advising and assisting old people in their adjustment in the community. In general this agency has the major private responsibility for casework services for the Protestant and nonsectarian population. Before 1938 the Welfare Council had operated the Bureau on Care of the Aged, with part-time service from one professional staff person. This Bureau of the Council had staffed the Committee on Care of the Aged, done intake studies for several homes, and provided as much counseling and referral service as the Director of the Bureau could manage.

In October, 1942, the United Charities set up a special program, the Central Service for the Aged and Convalescents, with the function of keeping up-to-date information on institutions and nursing homes, giving steering service on inquiries for information only, and working with the Family Service Bureau district offices on cases in which they were having difficulty in finding resources for older people. When applicants to this Central Service require more than informational service, they are referred to the appropriate district office of the Family Service Bureau. The Central Service is not strictly limited to Chicago residents, but the district offices are.

The Salvation Army, in its regular programs, provides casework for a few older people and supplies information and referral services to a larger number.

Suburban family agencies serve a small number of older people as part of their total programs but the extent of such services is not known. Further study of their services for older people as well as the help extended through suburban public programs would be desirable. It is suggested that Division I of the Welfare Council explore further the adequacy of suburban services for older people.

Other Counseling and Referral Services

Several other private agencies provide counseling and casework to a lesser degree. The Lutheran Charities Federation, in its central office, conducts an information service. This is primarily concerned with placement in the Lutheran homes for the aged and referral to other protected living arrangements when admission to a home is not possible. The United Lutheran Social Mission Society in the last few years has initiated casework service to a limited extent, placing emphasis on help to people in their own homes, assistance in maintaining the older person in as independent a living arrangement as possible, and counseling on personal problems.

In the last few years, also, the Association for Family Living has shown a growing interest in the problems of the aging. This interest

has grown out of observation of the older person's significance in a family setting. Therefore, in several of its group discussions, which frequently include some older people, the staff has introduced discussion of personal problems in aging. This Association is planning to provide counseling for the participants in the Hobby Clinic, and several years ago it conducted a discussion group with one of the clubs at the Jewish Community Centers. Further exploration into the use of this method of group counseling is indicated.

The group programs for older people conducted by recreation and education agencies often include varying amounts of counseling and referral service. No doubt much more could be done in a group setting and in individual counseling growing out of group activities.

Two departments of the Cook County Bureau of Public Welfare provide services for older people which require special mention here. These are the Special Institutional Service and the Women's Court Service. The Institutional Service arranges for placement in institutions or nursing homes for recipients of OAP who are referred to it. This Service also carries such cases after they are placed. The Service does not include placement in boarding homes in its functions.

The Women's Court Service has developed its program for older women as a result of the Public Assistance Code provision relating to relatives' responsibility for support of parents, brothers, and sisters. The County Judge can order relatives who are legally liable to make payment for the support of these aged persons. These cases are referred to the Women's Court Service for negotiation with relatives to see if a settlement can be obtained without court order. Only a small proportion actually reach court. Such negotiations usually involve the use of casework and counseling, and frequently reveal problems that require the referral of older people to other agencies. Here again the agency is not able to extend as much service as it feels is required in these very difficult family situations because of lack of staff.

The two referral and information services which probably serve the largest number of older people are the Community Referral Service

of the Welfare Council and the Central Service for the Chronically Ill.

The Community Referral Service provides a central source for the direction and guidance of persons who are unfamiliar with community resources and who are seeking help from public or private health and welfare agencies. It serves older people along with people of all ages, and through close co-operation with the Community Project has enlarged its file of resources available for older persons and familiarized its workers with recent developments in local programs. Although formally the Referral Service is limited to information and referral service, contacts with clients to determine exactly what is being sought and the appropriate agency to which they can be sent often involve considerable skill in counseling and interpretation.

We have already noted the program of the Central Service for the Chronically Ill in Chapter IV. In addition to its research, education, and standard-setting functions, it maintains detailed information on nursing homes, institutions, and community services in Cook County that offer care for the chronically ill. It provides an Information Service for the use of patients and their families, for physicians, and for health and welfare agencies seeking facilities for chronically ill persons. About two-thirds of the requests coming to it about facilities for care outside the patient's home involve the need for care for people 65 and over.

Some casework, counseling, and referral services are available through the social service departments of hospitals and clinics. How adequate these programs are we do not know, since the Project had little contact with health agencies. This report has already mentioned the limited service available in agencies concerned with institutional care, with physical rehabilitation, and with employment and vocational guidance. Interest in counseling for retirement is growing in business and industry, but so far few programs have been established. Counseling in church agencies is another subject attracting increased consideration, but as yet church-related counseling specifically for

older people is only now in the initial phase of its development.

No summary of actual referral work in Cook County would be complete without some recognition of the unofficial but nevertheless excellent work done by the staffs of our local Old Age and Survivors' Insurance offices. These men and women, who have no official responsibility assigned to them for counseling and referral, have become keenly aware of the fact that many of the people coming to their offices to file applications for OASI are troubled by a variety of problems. Recognition of these needs has brought with it a desire to render more than routine service. As a result, men from OASI have attended many of the courses, institutes, and special events promoted by the Community Project and have deliberately transmitted the information obtained to their associates in order that they can make appropriate referrals when older people appear in need of health and welfare services.

Project Activities in Relation to Referral Services

During the first year of the Project visits to homes for the aged revealed a need for a statement on referral and counseling services which the homes could use in referring applicants whom they were unable to serve. In compiling this statement the Project discussed the subject of referral procedures with the major referral and counseling agencies. It was noted that any immediate expansion of such services was unlikely and that consequently it was imperative that existing facilities be used as efficiently as possible.

Therefore, in February, 1948, the Project called together representatives of the major agencies concerned with referral and counseling of older people. Referral procedures between agencies were clarified and a revised statement on the subject prepared and distributed among the agencies concerned.

This group decided not to constitute itself a continuing committee, since the Welfare Council Co-ordination Committee was already at work on standards for referrals between agencies. The group recom-

mended that the over-all research plan of the Project include the study of people applying to the referral services, since it was felt that a review of these requests would further clarify the needs of older people in Cook County.

Subsequently there was no formal meeting of these agencies as a group, although the Project obviously maintained close relationships with all of them in many phases of its program. A second revision of the statement on referral procedures was under way as the Project closed. *It is recommended that Division I of the Welfare Council complete this statement on referral procedure and issue it to the appropriate agencies. It is also recommended that referral procedures for older people be periodically reviewed by Division I in order to insure that the most efficient use is being made of community resources for older people.*

Adequacy of Casework and Counseling Services

In trying to determine the adequacy of casework and counseling services for older people the Project first reviewed and enumerated those agencies in the community that could serve this age group and the different types of service they offered. These have been summarized in the preceding pages. Next we sought to learn to what extent these services were being used by older people. These statistics have also been presented in the preceding section.

Appraising the quality of service given and the extent to which service is actually made available is a much more difficult task. Definite and final answers to these questions—questions of greatest significance in this field—would take the wisdom and tact of Solomon. These answers demand a clearer view than was possible of the whole complex of conflicting pressures for service from agencies, attitudes among agency boards and staffs, and agency financial situations. Only through the continuation of a strong program within the Welfare Council, a program that is critical but understanding, alert but patient, can satisfactory levels of service be reached.

For although we cannot say the last word here, the information collected formally and informally by the Project indicates that, in general, casework and counseling programs for older people in Cook County should be greatly expanded. Essential to this expansion are the agencies' desire to serve older people, funds to pay additional salaries, and finally the actual employment of more workers.

Our information also indicates that, in general, it would be desirable for workers engaged in casework and counseling for older people to have more training in this specialized field.

How did we reach these conclusions? The same sources of information cited in the other sections of this report formed these judgments, that is, conversations with agency executives and workers, individual requests made to us directly by older people, our study of people known to the family agencies, and supplementary and confirming material from agencies in other cities.

Time and circumstance prevented carrying our over-all research plan for the study of the needs of older people beyond the first group of agencies, the family agencies. Had we been able to proceed with the same kind of detailed analysis of older people coming to other kinds of agencies, we should no doubt have had a much clearer view of gaps in service and qualitative lacks in all fields of community service for older people.

This comment is made to dispel any impression that the level of service in casework and counseling agencies is unusually inadequate as compared with other kinds of health and welfare services for the older age group. It is simply that through the extremely patient and understanding co-operation of the major family agencies in the conduct of our research we have been able to make a much more critical evaluation of their services than among other kinds of social agencies.

This research, as mentioned earlier, showed first, how few older persons received continuing casework services from the private family agencies. After the records of the public and private agency cases had been analyzed in terms of problems, additional significant findings ap-

peared. These 552 people in our study had at least 1,644 clearly discernible problems among them. These problems were not only difficult in themselves but tremendously complicated by their interrelated nature. Consequently, although the problems that brought these people to the agencies most often related to tangible needs (money, housing, medical care), there was obviously need for casework skills of a high order in the majority of the cases.

The findings raised a number of questions. Why were so few elderly people served by private agencies? Do so few older people who are financially independent require casework and counseling? Do older people generally know these agencies are available to help them? Are the agencies rejecting older people they should accept, or giving them brief service or information only, when they require continuing service?

Do workers recognize adequately the needs of older people for casework and the possibilities of constructive work with them? For most of the brief service cases the initial request was accepted as the major need, whether the request came from the older person, a relative, friend, or employer. Is such limited response given to inquiries about services for younger people? How far should agencies go in giving information about living arrangements or in making referrals when no one has talked to the person concerned?

As other sections of this report have implied, the older people who asked the Project itself for help were often eager for counseling regarding many kinds of problems. Furthermore in many instances, there were no agencies set up to deal with the tangible elements of these problems. Few older people diagnose their difficulties as personal maladjustment and, unless a special effort is made in interpretation, they may not turn to an agency for counseling as such.

During the last three years, casework and counseling services for the aged have been expanded by the Catholic Charity Bureau, by the Jewish Family and Community Service, and by the United Lutheran Social Mission Society. Because of its budget situation, the United

Charities has not been able to extend its services for the general Protestant nonsectarian group of older people. This represents a major deficiency in our community facilities for the aged.

Extending and Improving Quality of Service

How is it possible to extend and improve quality of casework and counseling for older people in Cook County? We believe that a dual approach is needed, through the Welfare Council on one hand and through the boards and staffs of the individual agencies on the other.

It is recommended that Division I of the Welfare Council establish a working section composed initially of representatives of the public and private family agencies but open to other agencies offering casework and counseling to older people, and that this section have the following responsibilities:

1. To see to it that staff development programs are established (either jointly or individually) within the family agencies in order to increase the worker's understanding of the problems of older people and effective ways of meeting them; to increase the worker's appreciation of the older individual as a person as well as to see more clearly the significance of the older person in the family constellation; to interpret to the worker the relationship of the older person's problems to environmental stresses.
2. To seek ways of extending casework and counseling to more older people and particularly to the Protestant and nonsectarian group. (Theoretically, this extension of service should take place within a family agency; realistically, if no family agency is in a position to expand, consideration must be given to establishing a separate agency.)
3. To review the applications of older persons to the family agencies and referral services in order to determine the nature of these requests and to evaluate the agencies' disposition of them. (Special attention should be given requests from Negroes in view of the small number of aged Negroes receiving service from the private family agencies. Such a study might be carried on in co-operation with the Research Department of the Council or through the research seminars of the University of Chicago School of Social Service Administration.)
4. To explore, in co-operation with Divisions II and III of the Welfare Council, the types of situations referred and the adequacy of referral pro-

cedures between health and recreation agencies and family agencies with respect to older clients.

It is suggested that it would be desirable for this working section to investigate the possibility of initiating a caseload measurement study in co-operation with the School of Social Service Administration in order to determine the size load that is appropriate in line with reasonable expectancy of good casework service.

Board Consideration Required

The fact that, in the past, casework and counseling services for older adults have not developed further within public or private family agencies, although formal responsibility for these services has been accepted by these agencies, appears to us to require some fundamental reconsideration on the part of agency boards.

It is recommended that the boards of the private agencies offering casework and counseling to older people and the appropriate committees of public agencies offering these services review the specific responsibilities that their respective agencies have assumed in the field of casework and counseling and review the implementation of these responsibilities in relation to older people.

It is suggested that the boards of private agencies consider establishing board sub-committees on services for the aged. These could serve as the primary agents for developing more nearly adequate programs in the various agency services. They could also inform themselves concerning trends in the field of care of the aged and carry responsibility for continuing review of individual agency programs.

Although the Project had little direct contact with hospitals and clinics, the difficulties that agencies and older individuals had in solving health problems suggested the need for more information about the adequacy of medical social services for older people.

It is recommended that Division II of the Welfare Council explore the adequacy of counseling and referral procedures for older clients of hospitals and clinics and that Division II consider the advisability of

establishing educational programs or institutes for workers providing casework and referral service in these agencies.

A parallel recommendation has already been made for recreation programs (see Chapter V) and the needs for improved counseling programs in institutions has been discussed in the section on housing (Chapter III).

Church-related Services

One other area within which expansion of more specialized counseling would be desirable is that of church-related programs.

Pastoral counseling is one of the most ancient ways of extending help to people in trouble. More recently, some churches have supplemented the work of the pastor by the employment of lay people as visitors and counselors. However, here too additional emphasis on the needs of older people would result in more effective work. An excellent presentation of this whole area of service is the recent book, *Older People and the Church* by Paul Maves and J. Lennart Cedarleaf.[6] This book was the result of studies sponsored by the Department of Pastoral Services of the Federal Council of Churches of Christ in America.

Work toward the enrichment of older people's lives is peculiarly significant as a responsibility of the church. Many older people, buffeted on many sides, exhibit in their attitudes and interests the growing importance of religion in their lives. Furthermore, many older persons who are reluctant to ask for help from family agencies turn naturally to their church for guidance. This guidance can frequently be supplemented by the service programs of other agencies in the denomination—hospitals, homes for the aged, neighborhood centers, and family casework programs. It is important that the church worker, whether he be the pastor, an employee, or a volunteer, know how to use these services within the denomination and other community facilities in the most effective way.

It would seem likely that more specialized attention to the needs of

older people on the part of churches, individually and collectively, would yield productive results. Specifically, attention might be focused on the following: (1) enriching the content and skills of church counseling programs; (2) promoting more effective use of other community facilities; (3) relating more closely and creatively the different kinds of agencies and services within denominations; (4) developing education and recreation programs for older adults within church buildings, and (5) improving church volunteer visiting programs through volunteer training courses.

In Cook County there has been a marked and encouraging increase of interest in church programs for older people among various denominations in the last two years.

The recent institute conducted by the Church Federation provides further encouragement. It is greatly to be hoped that the Welfare Council and the various denominations will continue to pursue the co-ordination of church-related programs on one hand and the improvement of specific services on the other. Among the latter the development of skilled and understanding counseling and referral programs within individual churches is of paramount importance.

Co-ordinating Social Services

Historically, improvement of casework services for various groups has come with specialization on one hand and with co-ordination on the other. In the course of this report, it has been noted that several groups of agencies serving older people have come together locally to exchange ideas and to improve services. Examples of this kind of co-ordination are the Institutional Seminar for board members and directors of homes for the aged, the Northeastern Association of Nursing Homes, and the Committee on Recreation for Later Maturity. The Project itself served as a co-ordinating body, cutting across a variety of different kinds of service.

Since joint thinking and action are essential for further progress, several other co-ordinating bodies require mention in relation to serv-

ices for older people. Locally, there are three co-ordinating groups related to the three federations that include agencies for older adults. The Jewish Federation, in the early 30's, set up a Council on Care of the Aged and Chronic Sick. Originally, the Council consisted of the Home for Aged Jews (Drexel Home), the Orthodox Jewish Home for the Aged, and the Jewish Family and Community Service. As the concept of the Council developed, additional agencies were taken in. First to be added were the two hospitals, Michael Reese and Mount Sinai; then came the Jewish Community Centers; the Jewish Vocational Service; and most recently, Resthaven, which provides care for the convalescent and chronically ill. The purpose of the Council of the Jewish Federation is to provide a means for joint planning, and for co-ordinating and improving services. The substantial accomplishments of the agencies within the Jewish Federation reflect the constructive effects of this co-ordination.

The Lutheran Charities, also, has a co-ordinating group, but with a somewhat different arrangement. This federation has a divisional organization for the fields of service with which it is concerned and a departmental organization for various types of activities (for example, social service, budgeting, etc.), and, finally, projects that consist of special co-operative efforts. It has established a Division on Care of the Aged, which is staffed by the Central Social Service Department of the Lutheran Charities. The purposes of this Division are similar to those of the Jewish Federation's Council, and membership consists of all agencies in the Lutheran Charities that serve older people. Here, again, constructive results of co-ordination are apparent.

More recently, the Archdiocese of Chicago has established the Catholic Committee for the Aged, which cuts across all fields of service. It is to be expected that this Committee will enable its constituents to further strengthen their respective programs.

On a somewhat different level, another extremely interesting attempt at co-ordinating a variety of services for older people is the Illinois State Committee on Problems of the Aging. This was appointed by the Governor in June, 1950, after the Community Project had in-

dicated that its study of local problems relating to services for older people had shown the importance of additional co-ordination and improvement of services on a state level. The Committee was asked to review the extent and nature of the problems facing older people in Illinois, the state facilities related to these problems, and then to consider how to achieve more efficient and more adequate service.

The original membership of the Committee was made up of five members from the Illinois Public Aid Commission and the Board of Welfare Commissioners, since the Illinois Public Aid Commission and the Illinois State Department of Public Welfare were the two state agencies most immediately concerned.

The Committee undertook a preliminary review of the situation of older people in the state and the extent of services available to them through state agencies. Its future program is not yet clearly formulated but consideration is being given to its expansion and future operating organization so that it may deal adequately with older people's problems on a state level.

It is interesting to note that a number of other states have since established legislative commissions and non-legislative committees relating to this field. The accomplishments and activities of the New York State Committee have already been mentioned. The more recent developments in other states were largely stimulated by the National Conference on Aging, which was held under the sponsorship of the Federal Security Agency, in Washington in August, 1950. This was attended by 800 people from all fields of service for the aged. Public and private agencies were represented, as well as commerce and industry, older people's groups, and the professions of medicine, biology, psychology and psychiatry, religion, economics, sociology, and social work. The Conference was actually the first opportunity on a national scale that individuals interested in aging had had to get together and talk over their problems. A great variety of interests were discussed and every shade of public opinion was strongly expressed. Perhaps the

greatest value of the Conference was the visible demonstration of the interrelationship of interests in the field of the aged.

On a national level, there are three groups concerned with co-ordination and improvement of services for older people. The most comprehensive of these is the National Committte on Aging, which is lodged in the National Social Welfare Assembly. Although it is of relatively recent origin, it holds much promise as a channel through which all interested individuals and agencies in all fields and in all sections of the country can meet and work co-operatively toward common goals. Within the Federal Security Agency, there has recently been established a Committee on Aging and Geriatrics which also includes membership from other government agencies outside the Federal Security Agency. This is highly significant in view of the extent to which such services are now provided through public programs.

For the professional fields, the Gerontological Society serves as a medium for joint discussion of professional activities and their relationship to needs and services in the broad field of aging. The Geriatrics Society serves a more specialized but similar function for medical and related groups.

Footnotes to Chapter VI

1. Ollie A. Randall, "Need for a Citizens' Committee on the Elderly," *Young at Any Age,* p. 75.
2. Lillien Martin, *A Handbook for Old Age Counselors,* San Francisco: Geerta Publishing Company, 1944.
3. Otto Pollak, ed., *Social Adjustment in Old Age,* New York: Social Science Research Council, 1948; E. Burgess, R. Cavan, H. Goldhamer, and R. Havigurst, *Personal Adjustment in Old Age,* Chicago: Science Research Associates, 1949.
4. Clark Tibbitts, ed., *Living Through the Older Years,* Ann Arbor: University of Michigan Press, 1949; Wilma Donahue and Clark Tibbitts, ed., *Planning the Older Years,* Ann Arbor: University of Michigan Press, 1950.
5. Elizabeth Dexter, "New Concepts in Case Work with the Aged," *The Family,* October, 1939.
6. Paul B. Maves and J. Lennart Cedarleaf, *Older People and the Church,* New York: Abingdon-Cokesbury Press, 1949.

7

The Chicago Plan: A Summary

We submit this proposed plan of community services for older people in Metropolitan Chicago as the most practical pattern that can be developed out of existing resources in the near future. The introduction to this report pointed out that our comments and recommendations should not be regarded as final and conclusive. The discussions accompanying the actual preparation of the report lead us to emphasize this statement.

The responsibilities assigned to the Community Project for the Aged directed us to take into consideration the needs of *all* people for whom aging created problems. In doing this, we ventured, with some temerity, into the fields of economics, sociology, housing, and community organization to a greater extent than is usually done from a social service base. However, we believe that this is in line with the recently redefined objectives of the Welfare Council.

Our responsibilities further led us beyond comprehensive consideration of activities customarily classified as social services into what we hope was constructive thinking about many other programs and institutions in our community. The Community Project was concerned not only with better maintenance of older people who were already

dependent but also with the prevention of dependency and with the rehabilitation of older people insofar as possible.

Even a cursory review of the subjects covered in the six sections of this report is sufficient to show that additional and expanded programs will have to be established in all fields. In comparison with other cities, Chicago is exceptionally fortunate in that the Wieboldt Foundation, by establishing the Community Project for the Aged, gave the city the basis of intensive work on which these new and expanded services can be soundly constructed. Already, through the efforts of the agencies and individuals that co-operated within the framework afforded by the Project, encouraging impetus has developed in almost every field.

It is, of course, not to be expected that deficiencies of service and facilities will be miraculously remedied overnight. We have made approximately forty definite and formal recommendations in the pages of this report, not to mention a substantial number of suggestions. Beyond these, several items were excluded from the plan as subjects with which we could not deal practically at the present time.

Assignment of Priorities

In view of the scope of the Chicago plan, the Advisory Committee felt that, in summary, it should indicate desirable priorities for implementing the various recommendations. First priority of effort is assigned to those recommendations that require action immediately, either because they are prerequisites of further action or because of urgent social and economic factors affecting older people. In the second classification are included recommendations on which we believe action should begin within a year's time. The third group comprises recommendations that must be fulfilled before the Chicago plan can be considered to have grown into a minimum community program.

The order in which recommendations are presented within each of the three groups of priorities does *not* signify any relative importance.

We would like to call particular attention once more to the basic

need for expansion of services to which older people may bring their problems and receive satisfactory consideration. We appreciate the efficient guidance of the Community Referral Service, but are here emphasizing the necessity of more comprehensive service than lies within the function of a referral program. (See recommendations relating to casework and counseling.)

We have not formulated any specific recommendations regarding church-related programs. We do, however, realize that among the many needs of older people, the significance of religion should be recognized. Therefore, the utilization and development of religious programs for older people should be encouraged.

FIRST PRIORITIES

Community Education

Because no substantial improvement of services for older people can be achieved if the community does not understand their needs and wish to meet them, it is recommended:

1. *That a special Committee on Community Education be established as a joint committee between the Public Relations Department and Division I of the Welfare Council of Metropolitan Chicago.* (Page 10.)

Employment

Because the greatest need of older people is the opportunity to continue as productive members of the community, and because social and economic dangers are inherent in a growing proportion of nonproductive older people in our population, it is recommended:

2. *That the Senior Employment Problems Committee of the Welfare Council be continued, but be transferred to auspices that are* (1) *nongovernmental,* (2) *associated with business and industry, and* (3) *able to provide necessary staff assistance.* (Page 39.)
3. *That a Committee on the Older Worker be established under the Committee on Employment and Guidance of the Welfare Coun-*

cil to work co-operatively with Division I on the implementation of recommendations relating to employment and retirement. (Page 39.)

4. *That the Board of Education of the City of Chicago review its present vocational programs and the participation of older workers in them; that, after such an examination, the Board explore those areas in which retraining of older workers would be most profitable.* (Page 44.)
5. *That the Illinois State Employment Service establish a Senior Employment Division.* (Page 40.)
6. *That the State of Illinois, through the Research Department of its Department of Labor, undertake a comprehensive study covering these questions:*
   a. What changes have occurred since 1940 in the employment of older workers (45 plus) by industry and by occupation?
   b. Where are older workers now employed, by industry, by occupations?
   c. What is the turning point in various occupations after which the older worker has difficulty securing a new job? After which he has difficulty keeping his job?
   d. How well do older workers perform? What is their productivity compared with younger workers in the occupation? How do they compare in terms of absenteeism and injury rates?
   e. What are the industrial practices that affect the hiring, utilization, and separation of older workers?
   f. What future trends can we distinguish in the employment of older workers, by industry and by occupations? (Page 28.)

Community Housing

Because lack of suitable housing in the community constitutes a major difficulty in the lives of older people, because inadequate living arrangements contribute to physical and mental illness among the aged and are a frequent source of family discord, and because inade-

quate community housing increases further the demand for institutional care, it is recommended:

7. *That Division I continue to maintain liaison with the Metropolitan Housing and Planning Council in studying housing needs of older people and in promoting necessary facilities.* (Page 64.)
8. *That the Legislative Committee of the Committee on Housing for the Aged of the Metropolitan Housing and Planning Council be re-activated with the immediate purpose of launching a vigorous campaign during this session of Congress for amendments to the public housing law which would permit aged individuals to occupy units in Federal housing projects and which would provide for an equitable proportion of public housing specifically designed for older persons.* (Page 70.)
9. *That the Chicago Housing Authority re-examine its tenant selection policy, with a view to giving older persons now eligible a fair proportion of the housing available; further, that the Chicago Housing Authority, in planning future housing for low-income groups, consider providing small housekeeping apartments for couples and individuals in sufficient number to permit efficient operation of group home services, such as domestic service and home nursing.* (Page 75.)
10. *That the Chicago Housing Authority follow up its survey of housing needs, made in 1949, with additional investigations to determine the number of older people in doubled-up families and in blighted areas in order that future plans for public housing can give adequate consideration to the needs of this age group.* (Page 74.)

Institutional Care

Because of the need for improvement of institutional care, both in terms of program and physical facilities, and because of the desirability of relating homes for the aged to each other and to other agencies in the community, it is recommended:

11. *That Division I provide adequate staff assistance to continue the broad program of the Institutional Seminar.* (Page 89.)
12. *That Division I provide adequate staff assistance to the Institutional Seminar for the promotion of social services within homes for the aged.* (Page 86.)
13. *That Division I provide professional assistance to the Committee on Admission Policies of the Institutional Seminar in continuing its program; further, that additional research in this area of admission policies and procedures be encouraged in the schools of social service.* (Page 84.)

Personal Services

Because of the need of older people for supplementary personal home services, which are almost completely lacking in this community, and because such services would enable many individuals to remain in their own homes, it is recommended:

14. *That Division I explore the possibilities of establishing domestic home services through appropriate agencies.* (Page 98.)
15. *That housekeeper or homemaker service be established in the Cook County Bureau of Public Welfare, and that Old Age Pension recipients be given the same consideration as younger clients.* (Page 99.)

Casework and Counseling

Because the complex economic, social, and physical problems faced by older people result in widespread personal maladjustment, injurious to the individual and to the community, it is recommended:

16. *That Division I establish a working section composed initially of representatives of the public and private family agencies, but open to other agencies offering casework and counseling to older people, i.e., homes for the aged, settlements, and referral services, and that this section have the following responsibilities:*

a. To see to it that staff development programs are established (either jointly or individually) within the family agencies in order to increase the worker's understanding of the problems of older people and effective ways of meeting them; to increase the worker's appreciation of the older individual as a person as well as to see more clearly the significance of the older person in the family constellation; to interpret to the worker the relationship of the older person's problems to environmental stresses.

b. To seek ways of extending casework and counseling to more older people and particularly to the Protestant and nonsectarian group. (Theoretically, this extension of service should take place within a family agency; realistically, if no family agency is in a position to expand, consideration must be given to establishing a separate agency.)

c. To review the applications of older persons to the family agencies and referral services in order to determine the nature of these requests and to evaluate the agencies' disposition of them.

d. To explore, in co-operation with Divisions II and III, the types of situations referred and the adequacy of referral procedures between health and recreation agencies and family agencies with respect to older clients. (Page 185.)

17. *That Division I call together representatives of the public and private family agencies to seek a way to provide thorough and constructive consideration of the older person's problems when he first asks for help.* (Page 57.)

18. *That Division I spearhead community support for adequate salaries and adequate staff in the Old Age Pension program.* (Page 58.)

19. *That Division I complete the revised statement on referral procedures and issue it to the appropriate agencies; also, that referral procedures for older people be periodically reviewed by Division I*

in order to insure that the most efficient use is being made of community resources for older people. (Page 182.)

20. *That the boards of private agencies offering casework and counseling to older people and the appropriate committees of public agencies offering these services review the specific responsibilities that their respective agencies have assumed in the field of casework and counseling and review the implementation of these responsibilities in relation to older people.* (Page 186.)
21. *That Division II explore the adequacy of counseling and referral procedures for older clients of hospitals and clinics, and that Division II consider the advisability of establishing educational programs or institutes for workers providing casework and referral service in these agencies.* (Page 186.)
22. *That the appropriate Divisions of the Welfare Council continue the promotion of special training for professional work with older people.* (Page 165.)

Recreation and Adult Education

Because leisure-time activities constitute an increasing sphere in people's lives as they become older, because relatively little attention has been paid to developing recreation and education programs for the older adult, and because such activities tend to maintain and improve the mental health of older age groups, it is recommended:

23. *That the assignment of responsibilities for the development of adequate recreation programs for older people in Cook County be re-examined by the Welfare Council and the Chicago Recreation Commission so that functions may be more specifically assigned to Division III of the Welfare Council and to the Committee on Recreation for Later Maturity of the Recreation Commission.* (Page 146.)
24. *That the Welfare Council retain over-all responsibility for planning and for promotion of adequate recreation services for older people; that Division III specifically undertake the following:*

a. To develop training for professional and volunteer workers, in co-operation with schools of social group work, the Volunteer Bureau, and community agencies.
b. To explore ways of establishing programs in areas now unserved.
c. To explore ways of establishing facilities open on a daily basis.
d. To promote more adequate referrals to casework and counseling services from recreation programs, in co-operation with Division I.
e. To establish a working section of leaders of older adult recreation groups to learn from each other, to develop qualitative analysis of existing programs, and to formulate standards for staff and program.
f. To work co-operatively with Division I, Division II, and the Volunteer Planning Committee toward the development of recreation for the homebound and isolated, in the community and in protected living arrangements.
g. To work through the Chicago Camping Association for further extension of camping and for the improvement of current programs. (Page 147.)

25. *That the Welfare Council, to accomplish this, include a permanent full-time consultant on recreation and education for older adults in its 1952 budget for Division III.* (Page 147.)
26. *That the Chicago Recreation Commission continue its present activities, and that it emphasize the fostering of city-wide and community programs and special events.* (Page 147.)
27. *That the "Fun After Sixty" Hobby Show be continued as a co-operative agency enterprise and be expanded into an annual festival for older people.* (Page 148.)
28. *That Division I continue to provide consultant service to the Friendly Visiting Program.* (Page 158.)

SECOND PRIORITIES

Employment

29. *That Division I and the Area Welfare Planning Department co-operate in the promotion of part-time occupations for older workers on a neighborhood basis; that, through the Labor-Welfare Service, Division I seek the co-operation of unions in finding practical ways of opening up new jobs for older people, since questions of seniority, rates of pay, and hours of work are all involved in this field.* (Page 43.)
30. *That the attention of the Senior Employment Problems Committee be called to the need for additional information for management concerning retirement practices, and that the Welfare Council, through its Committee on the Older Worker, in co-operation with the Labor-Welfare Serivce, call the attention of organized labor to this difficult subject.* (Page 48.)

Community Housing

31. *That the Public Housing Committee of the Committee on Housing for the Aged of the Metropolitan Housing and Planning Council work closely with the Chicago Housing Authority with a view to representing the interest of Chicago's older residents in having a fair share of the housing presently available in both the regular projects and in relocation housing.* (Page 70.)

Institutional Care

32. *That Division I explore the need for institutional care for aged Negroes and aged persons of nationality groups for whom appropriate programs are not now available.* (Page 81.)

Recreation and Adult Education

33. *That the Chicago Recreation Commission conduct periodic institutes to train indigenous leaders.* (Page 147.)

34. *That Division III, in co-operation with the Volunteer Bureau, encourage the establishment of additional hobby centers in other areas of the city.* (Page 160.)
35. *That the Chicago Recreation Commission work with the Chicago Park District on the development of day camps and on the development of a daily program in Lincoln Park.* (Page 148.)
36. *That Division III be responsible for the promotion and planning of a broad community adult education program for older people.* (Page 165.)

THIRD PRIORITIES

Community Education

37. *That the Committee on Community Education consider the preparation of audio-visual material for use with community groups and that it see to it that there is developed a Speakers' Bureau.* (Page 10.)

Recreation and Adult Education

38. *That Division III, the Committee on the Older Worker, the Area Welfare Department, and the Labor-Welfare Service co-operate to encourage personnel workers and union counselors to see to it that at least five to ten years before retirement the older worker receives information about possible leisure-time activities and opportunities for social contacts in the worker's own neighborhood, or in easily accessible locations.* (Page 154.)

Community Housing

39. *That the Metropolitan Housing and Planning Council seek financial support for the proposal of the Committee on Information and Education of the Committee on Housing for the Aged to collect information on the housing needs of older people and the*

programs desirable to meet these needs, and to publish a booklet summarizing this material in popular form. (Page 71.)

40. *That the Metropolitan Housing and Planning Council explore the possibility of promoting groups of dwellings for older people, either through remodeling older housing or through new construction.* (Page 73.)

Institutional Care

41. *That a special boarding home study program be established under competent auspices. This should study the requirements of persons living in boarding homes and those seeking care in them. Study should also include the functions such homes serve as well as the actual operation of homes now in existence. Study should cover management problems and costs in establishing and operating boarding homes as well as desirable relationships between boarding homes and other institutions and agencies which offer services for older people. It is recommended that Division I implement the planning of this study.* (Page 93.)

Casework and Counseling

42. *That the Welfare Council continue to support the principle increasing ceilings on the payment of Old Age Pensions on the basis of need as the most efficient and humane basis of payment.* (Page 54.)

Conclusion

In March, 1947, when we started out to discover what the 420,000 older people in Cook County needed and to devise ways of meeting their problems, few, if any of us, had an adequate understanding of what lay ahead.

Today, after four years of work, after the investment of almost $100,000, and after the truly remarkable contributions of time, effort, and knowledge from literally hundreds of individuals and agencies,

here and elsewhere, who worked with us—today, the magnitude and complexity of the task facing Chicago stands revealed. The problem is clear and compelling, at least to those of us who have been privileged to participate in the Community Project. In this report, we have tried to communicate this view to you. For it is on you, the community, that we rely to give life and substance to the Chicago plan, and through it to restore opportunities for constructive living to our older neighbors.

Immediately and basically, the success of this plan depends upon strong leadership in the Welfare Council and its constituent agencies. Our recommendations imply a substantial expansion of the Welfare Council program in almost every division and department. We are fully cognizant of the hazards of uncertain financing and the demands of other interests within the community. For these reasons, we urge that a special effort be directed toward the interpretation of our findings and recommendations to the over-all planning and financing organizations in Chicago, and particularly to the Reviewing Committees of the Community Fund.

In spite of the difficulties that may be anticipated in the future, it is our conviction that the Chicago plan, over a period of time, can be translated into reality. We are hopeful because of the sympathetic understanding and intelligent support that made possible the accomplishments of the Community Project for the Aged.

Accepted by the Board of Directors, Welfare Council of Metropolitan Chicago, June 20, 1951.

Appendix

A Survey of Older People Known to the Major Family Agencies in Chicago and Services Provided for Them

This is the story of the problems of 552 people in the Spring of 1948. Some of them were physically uncomfortable. Some had no home they could feel at home in. Some found the present hard to bear, not because of what it held, but because of what it didn't hold. Most of them were poor. Many of these 552 people had never had very much, but there had always been the chance that life would improve. By Spring, 1948, most of them were pretty sure it wouldn't. They couldn't see any way to be less poor, and there was always the nagging uncertainty about how long their strength and health would last. It took courage to face the future.

The problems of these particular 552 people are brought together in this report by two common denominators. All these men and women were born before 1889, and all of them were being helped by Chicago's major family agencies. Something had happened to each one of them so that they couldn't get along on their own any more. Even if they had families and friends, these weren't sufficient to solve the problems these older people were facing. Some of them had had to ask for help a long time ago. Remember 1929? That was the beginning of the end of independence for some. Others had never walked up to the application desk in a social agency until Spring, 1948. Most of these 552 neighbors of ours didn't like to ask for help, particularly from strangers. Some of them had come to this country from overseas—fifty, sixty, even seventy years ago. They'd come in

pursuit of a well-known dream, but somewhere, somehow, something had gone wrong.

But whether they came to this country on purpose or happened to be born here, these 552 people—the babies of 1860 and '70 and '80—grew up at a time when almost everybody believed that personal independence could fairly well be assured by hard work and thrift. As a corollary, there was something "wrong" if a man had to go outside his own circle of friends and family for help.

Purpose of Study

The Community Project for the Aged reviewed the records of these 552 older people because we had been asked to draw up a plan of community services for older people in Metropolitan Chicago. Individual agencies see the problems of older people from slightly different points of view. Our Advisory Committee decided that sound community planning required as clear an over-all survey of older people's problems as our limited time and staff could obtain. To get a more accurate picture of the difficulties faced by older people in this area, we looked at the case records of these people and considered their needs in terms of the problems noted during the time they were active with the co-operating agencies.

As originally conceived by the Advisory Committee, this particular study was to be the first unit of a more comprehensive survey. The total survey was to include similar studies of older people known to other kinds of social agencies (for example, homes for the aged, recreation agencies, referral agencies, and shelters) as well as a study of persons representative of the older people in the community. Unfortunately, because of the pressure of work in the Project and in co-operating agencies, this was the only section of the research plan that it was possible to complete.

Although our major purpose was to study needs, secondarily our analysis considered whether or not the needs were met. If they were, how? And if they weren't, why not? Obviously this study doesn't represent all the needs of all older people in Metropolitan Chicago. Neither do the summary figures reflect the needs of all the older people known to the major family agencies, because the totals presented in the following pages combine varying proportions of the individual agencies' loads. What the study does try to do is to indicate the different kinds of needs among older clients, the interrelationship of these needs, and a rough measure of their relative importance. It also attempts to illuminate the difficulties that agencies and

clients have when they try to solve the problems that older people's needs create.

Findings Related to Number and Characteristics of Cases

In 1948, there were approximately 420,000 people 60 and older in Cook County. The major family agencies co-operating in this study served about an eighth of these. Their clients were divided as follows:

Old Age Pension (Cook County Bureau of Public Welfare)	47,000
Chicago Welfare Department	3,700
Four major private family agencies	
Continued service	286
Brief service	131

The preceding figures are rounded for the public agencies and represent March or April figures for the private agencies. The OAP cases were chosen from the December, 1948, load and the CWD cases in July, 1948.

The 552 people in the study group include 250 on Old Age Pension, 57 Chicago Welfare Department cases, and 245 persons known to the four major private family agencies. They represent all the older clients known in a one-month period (March, 1948) to the Salvation Army and the United Charities, a fourth of the older people known to the Jewish Family and Community Service in March, and all of the Catholic Charity Bureau cases in April except those being carried in conjunction with the Chicago Department of Welfare (of which there were approximately 50).

In the 421 continued service cases studied, 168 were men and 253 women. Brief service cases displayed an almost equal division by sex, with 63 men and 68 women.

The private agency continued service cases were an older group than the public, with a median age of 78 years as against 74 years in the public cases. The brief service cases of the private agencies were younger than those receiving continued service. The median age of brief service cases was 70 for men and 71 for women. Women clients tended to be substantially older than the men among the private continued service cases, with a median age of 79 as compared with 70 for men. The opposite was true in the sample of public agency cases, in which the median age for men was 76 and 73 for women.

Among the private agency cases, only 12 out of 245 were Negro, while among the 307 public agency clients, 72 were reported as Negro. Private agency statistics may reflect, in part, the lower proportion of nonwhite aged in Chicago's population. In the continued service cases, more men

than women were married and living with their spouses. This group included 47 men out of 168. Among the women, only 39 out of 253 were so situated. Fifty-three of the men and 153 of the women were widowed. A similar pattern prevailed in the brief service cases.

Although all these people had had to ask social agencies for help, many of them continued to maintain a degree of independence. This is indicated by the data on living arrangements, which revealed 189 living alone, 63 with spouse only, and 56 in a variety of lodgings with people other than relatives. To be sure, some were looking for more sheltered care, but they were still getting along somehow more or less on their own. Among the 421 people receiving continued service, 239 had living children (177 public agency cases and 62 private). Almost half (84) of the public cases who had children, lived with them, as did 19 of the 62 private agency cases.

Even though these facts illustrate to some extent the desire and ability of many older people to continue relatively independent roles, the high proportion of single or widowed in the group as well as the large number living outside family groups may also be regarded as potentials for isolation and loneliness.

Conclusions Relating to Number and Characteristics of Cases

The small number of older people being served by private family agencies in relation to the total number of older people in Cook County raises questions requiring further research. Do older people have relatively less need for casework services than younger people? If they do need service, are there reasons why they don't apply to the private agencies? If they do apply, are there factors that cause the private agencies to reject their applications? Are private agencies more inclined to give brief service, information only, or referral to older people than to younger applicants?

It appears unlikely that the private family agencies are adequately fulfilling older people's needs for casework. Whether a different kind of agency is needed to help older people in solving their problems of personal maladjustment, whether existing agencies should expand to serve more people, or whether a new service, patterned after the family agency but specifically designed to serve older people, should be established—these are questions that require the finding of answers in the near future.

It is therefore recommended that the private family welfare agencies,

in co-operation with the Division on Family and Child Welfare and the Research Department of the Welfare Council, initiate a study of the applications for service for older people received by them, in order to determine the types of service requested and to evaluate the agencies' disposition of the requests.

We believe also that the presence in private agency loads of so few people from Negro and other nonwhite groups requires further investigation, since there appears to be no reason why older members of these groups should be exempt from the problems facing other older people. *It is recommended that the private family agencies explore the reasons why older nonwhite people constitute so small a proportion of their caseloads.*

Findings Relating to the Problems That Brought Older Clients to the Agencies

Why did these 552 people come to the family agencies for help?

In analyzing these cases, the staff of the Project was assisted by a Study Committee of professional workers from the co-operating agencies. For purposes of convenience, this Committee defined the problem that caused the older person to ask the agency for help as the *primary problem.* Subsequently, other problems may have developed which were of greater importance both from the client's point of view and that of the agency. Only exhaustive analysis, impossible within the scope of this study, could select, out of *all* the problems in these individual situations, that one which was of maximum significance. Obviously, the initial request did not always reflect the primary problem that brought the person to the agency. All problems other than the primary problem were arbitrarily called *subsidiary,* although they may not have been of lesser importance. As far as we could determine from our analysis of the records, the primary problems were distributed as follows:

Financial problems	307 public cases
	56 private "
Housing problems	83 private "
Health problems	54 private "
Planning problems	16 private "
Employment problems	14 private "
Problems of family relationships and personal adjustment	10 private "
Miscellaneous	12 private "

It is not surprising that only a few were brought to the family agencies

by problems of personal relationships. The precipitating factor was usually a tangible one. Money problems came first; housing and health problems were next in frequency. Since all the public agency cases were considered to have come to the agency because of lack of money, financial problems were listed as primary in all these cases although many of them had equally serious problems in other areas of need.

Findings Relating to the Distribution of All Problems Noted

After these people became known to the agencies, many other needs were quickly apparent. Even though the study was limited to case records, since staff was not available for more intensive analysis, a grand total of 1,644 problems was distinguished in the 552 records. The distribution of these problems presented below shows that the primary problems listed above did not exist as isolated difficulties but were associated with many other problems that were often as significant as those that first brought persons to ask for help.

In this distribution, the importance of health problems became much more apparent than in the listing of primary problems, and a clearer impression of the relative significance of problems of personal relationship, supplementary services, and personal care emerged.

Because the staffs of family agencies have to work under considerable pressure and because it must often seem futile to them to note problems for which no community resources are available, it is undoubtedly true that the 1,644 problems recorded for these 552 people are a minimum. This is particularly the case in such categories as recreation and employment.

Problem Category	*Number Noted*	*Percentage Incidence*
Financial	479	86.8
Health	430	77.9
Housing	248	44.9
Family relationships and personal adjustment	190	34.4
Supplementary services and personal care	147	26.6
Recreation and companionship	63	11.4
Employment	33	6.0
Planning	26	4.7
Nonresidence	16	2.9
Miscellaneous	12	2.2

Findings Relating to Difficulties in Meeting Needs

Next we turn to the question of the extent to which the agencies and the older people had been able to meet the needs and problems noted. The following report, therefore, falls into a series of sections in which each of the major problem categories is discussed. In following this line of investigation, it became apparent that the dissatisfaction expressed by agencies and individuals over the lack of services and facilities was generally justified.

Previously we noted the small number of older people who were receiving intensive service from the family agencies. It is equally clear that, even if service is obtained under present conditions, agencies are often unable to meet the older people's needs. It should be noted that the Study Committee, representing the co-operating agencies, adopted minimum standards of "adequacy" in deciding whether or not problems were met.

In several problem categories it was impossible from case records to determine whether the various needs were met or not, but for five problem categories such a determination was made. The over-all results are summarized below:

Problem Category	*Total*	*Met Adequately*	*Not Met Adequately*	*Unknown or Doubtful*
Financial	479	340	83	56
Health	430	221	78	131
Housing	248	75	106	67
Recreation	63	17	36	10
Employment	33	5	13	15

PERCENT DISTRIBUTION

Problem Category	*Total*	*Met Adequately*	*Not Met Adequately*	*Unknown or Doubtful*
Financial	100.0	71.0	17.3	11.7
Health	100.0	51.4	18.1	30.5
Housing	100.0	30.2	42.7	27.1
Recreation	100.0	27.0	57.1	15.9
Employment	100.0	15.2	39.4	45.4

These proportions cannot be interpreted as an absolute measure of the relative ease or difficulty with which the problems are solved. Workers naturally exert more effort to meet the most essential needs first. These are usually the tangible ones of poverty, sickness, and unsuitable living arrangements. Furthermore, since these are the problems that occur most frequently, workers are likely to acquire more skill in dealing with them,

and agencies have developed channels through which their solution may be reached to a greater degree than in other categories of need. Agencies must face the problem of keeping the client alive before they can turn to the task of improving the quality of his living.

Findings Relating to Financial Problems

The most common difficulty faced by these people was financial. This problem affected all 307 public cases and 172 of the private (84 continued service and 88 brief service). Among the private agency cases, financial problems were second in frequency, being exceeded only by problems associated with housing and living arrangements.

The nature of the financial problem was usually lack of money, although a few cases involved family disputes and management of funds. In the brief service cases, several groups stood out. One consisted of the men from Skid Row, who wanted money for a bed, a meal, or a suit of clothes. Another group of brief contacts concerned questions about relief grants, budget computations, and eligibility requirements. A third group of people wanted to find out about the chance of getting into an old people's home, not because they needed sheltered care, but because their funds were running out and they wanted a home guaranteed until they died.

Occupations

Some of the people with financial problems were looking for jobs, although many of them appeared physically incapable of ordinary employment. Our study is too small to venture any conclusions as to the relationship between occupational classes and financial dependency in old age. Nevertheless, the job histories of these people are interesting in view of their ultimate poverty. Many of the public agency cases were marginal workers, who had been known to agencies intermittently since the early days of the depression. Others had lost skilled jobs in the early 1930's and were too old ever to re-establish themselves.

The private agencies, in their continued service cases, tended to serve people from higher occupational levels than the public agencies. Also they served a greater proportion of women who had been housewives with no outside work experience. The occupational classification of people for whom job histories were known is presented below. "Upper group" includes professional workers, farmers, managers, officials, and proprietors. "Middle group" consists of clerks, craftsmen, and operatives. "Lower group" covers laborers and domestic and service workers.

Occupational Level	*Public*	*Private*
All groups	100.0%	100.0%
Upper group	5.7	19.6
Middle group	26.3	28.0
Lower group	39.4	16.8
Housewives only	28.6	35.6

Sources of Support

How were these people obtaining enough money to live on? They were being supported by many different combinations. Among the 421 continued service cases, over half the private agency cases were completely dependent on others. Most of the self-sustaining cases had come to the agencies because of housing problems. Private agencies themselves were the sole source of support for 10 persons and supplemented other income of 41 people. Among the 307 public agency cases, 251 had no income of their own. The public agencies were the sole source of support of 221. Fifty-five of the 421 continued service cases were known to receive income from OASI or Railroad Retirement. Seventy received some help from their immediate families.

Multiple sources of support, involving two or more agencies, not only results in duplication of records and administrative costs, but may also increase the psychological problems of older people, who must comply with a variety of conditions imposed by the supporting groups and individuals.

How Financial Problems Were Met

When cases were classified as having their financial problems met, how had this been accomplished? Since public agencies carry the major responsibility for financial aid, in what situations did the private agencies report that they were helping people with financial problems?

In considering financial problems, needs were considered adequately met if the agency grant plus other resources met the needs of the client as determined by the agency budget. Using this test, 226 of the public agency cases fell in this classification. However, the records of 52 of these contained considerable discussion about the difficulties of managing on the agency grants. The cost of medical care was a special problem, and appeared particularly difficult for older persons who lived alone.

Out of 479 cases with financial problems, 340 were reported as met. Of these, 114 were reported by private agencies. Primary financial problems met by private agencies totaled 30 (13 continued service cases and 17 brief). In the former group, 2 had incomes that exceeded the public agency

budget, 5 were nonresidents, and 6 were helped temporarily pending acceptance by the public agencies.

The solution of the 17 brief service cases involved giving information about services to 7, supplementing 2 OAP grants, and referring 8 to other agencies. These included the public agencies, shelters, Travelers' Aid, and the Salvation Army. The 108 subsidiary financial problems that were met were equally divided between continued and brief service cases. Twenty-one of the private continued service cases involved OAP. The financial problems of 2 were met by referral to OAP; partial aid was given to 3, pending OAP; 5, who were on OAP, were given service only; and in 11 cases the private agencies were supplementing OAP grants.

Institutional care had met the financial needs of 5 persons known to the private agencies on a continuing basis. One person had been referred to another private agency, and in 8 instances the reporting agency was supplementing financial assistance from other private agencies. Fifteen people who had resources of their own or from friends and family were receiving grants from the reporting agencies. Two others with private resources were receiving service only. Reporting agencies were providing 2 persons with total support.

In the brief service cases whose financial problems were met, 19 involved the OAP program. One had been referred to OAP; 4 were given temporary aid and referred to OAP; and 14 were on OAP and were given service only by reporting agencies. For 3 people, homes for the aged were secured. Two brief service cases were referred to other private agencies and supplementation of other resources was provided in 2 situations. Help in budgeting solved one person's problem, and for another a less expensive nursing home was secured. The reporting agency found a job for one man, and, for another client, acted as a collection and disbursing agency for contributions from friends.

Financial Problems Not Met Adequately

Fourteen financial problems reported by private agencies and 69 reported by public agencies were not met. For 5 people who had been transferred to OAP, the private agencies felt that the OAP grant was insufficient but were not permitted to make up the deficiency. Seven other clients refused to co-operate with agency plans, and in 2 cases institutional care was secured because no funds were available to provide proper care for the client in the community. There were 65 OAP cases and 4 Chicago Welfare

Department clients whose needs were not being met according to the budgetary standards of these public agencies. Sixty-one of the OAP cases were receiving the maximum grant allowable at that time. High rent and medical expenses were noted among the reasons for expenditures not covered in the grants.

Financial Problems for Which the Solution Was Unknown or Doubtful

The 56 cases in which the solution of the financial problem was unknown or doubtful included 12 clients of public agencies and 44 private agency clients. The majority of the people in this group had been referred to other agencies without follow-up. Their situations, from such information as was available, in several instances appeared to merit more consideration by the reporting agencies. The records of some of the public agency cases reflected the fact that staff shortages prevented sufficiently thorough work in computing budgets and in using casework skills.

Findings Relating to Health Problems

Our information about the health problems of this group represented the observations of lay persons and lay persons' interpretations of medical reports. In terms of relative importance, illness was the second of our problem categories, affecting 277 of the public agency cases and 153 of the private cases. Health problems involved not only the securing of adequate medical care but also the securing of supplementary personal services and satisfactory housing necessary for the health of the patient.

The nature of disabilities ranged from minor chronic illness having little effect on the client's normal pattern of living to physical and mental impairment that kept the client bedridden and requiring constant care. The 62 problems in the 131 brief service cases probably were an understatement since in these cases agency attention usually focused on the initial request. We obtained much more extensive information on the 365 continued service cases that had health problems. In these 365 cases, 34 were confined to bed or chair; 41 could get around indoors but needed help to go out. The remaining 290 were able to go out alone, but 50 of them were limited to short distances or good weather. Defects of sight or hearing and inability to use their hands affected 69.

We have already noted that about half the health problems were met with reasonable adequacy, that 30 percent fell in the unknown or doubtful class, and that 18 per cent were definitely not met. Does the study yield any clues as to differences between health problems solved and unsolved? Among

the private cases, the highest proportion of problems met were in the primary health problem category, that is, those cases in which health was the problem that brought the client to the agency. Here 26 out of 37 problems were met. Next came subsidiary health problems, with 27 of 47 met. Last came the brief service cases in which only 26 out of 69 were known to be solved. Turning to the public agency cases, where there were no brief services and where all problems other than financial were classified as subsidiary, we find that 142 of 277 health problems were met. These differences suggest that the extent to which health problems are solved may be correlated with the amount of attention that is paid to them.

How Health Problems Were Met

When health problems were met, how were they met? And was there anything significantly different in the plans for those whose problems were met and those for whom we know care was not satisfactory? Among the people whose health problems were met, 51 were living outside their own homes or the homes of relatives, as compared with 169 in their own or relatives' homes. There was a decided difference, however, in the public and private cases. In the 142 public cases, 14 were living in institutions or nursing or boarding homes. These included 5 in nursing homes, one in a hospital where he had formerly been employed, 5 in Oak Forest, and 3 in homes for the aged. Among the private agency cases, 37 were outside their own homes as against 41 remaining in their own or relatives' homes. Of these 37 people, 11 were in institutional homes for the aged, 24 in nursing or boarding homes and 2 in hospitals. When health was the primary problem, the solution had been found outside the patient's home in 20 cases. Most of the people in homes for the aged received their medical care through the home, and a large number of those in nursing homes also received care from the nursing home physician or nurse. However, there were some who continued to receive care at clinics, through their own physicians or through an agency medical program.

The exact agent through which medical care was being received was not always specified, but it appeared that among the private agency cases living in their own homes at least half were being cared for by private physicians. For some, the health problem could be met by practical nursing service or by supplying dentures or other appliances. Among the public agency cases, 45 OAP recipients were under the care of private physicians and 3 CWD cases under the care of panel physicians; 59 were attending clinics. For 16

the type of care was not described, and 5 either refused care or needed none during the study period. It should be noted that 28 of the OAP recipients who were receiving medical care had no reimbursement for the expense of such care in 1948. Children met the expense in 6 instances, and in 2 cases it was known that doctors refused to fill out the necessary form for the old person to be repaid. The remaining 22 apparently paid for care out of their basic grants or obtained care free of charge.

The precise interrelationship between adequate health care and housing cannot be determined from our data. The large proportion of public agency cases reported as having their health problems met in their own homes, through private physicians' care or clinic attendance, makes us hesitate to assume that the large proportion of private agency cases satisfactorily cared for outside their own homes means that that type of care is generally more effective. Instead, we must take into consideration that many of the private agency cases come to the agency in search of institutional or nursing home care. Housing was the primary problem of 39 continued service cases and 44 brief service cases. Undoubtedly, many of these wanted different living arrangements because of their health. These 83 housing cases had 53 health problems noted in their records. Conversely, the 54 private agency cases whose primary problem was health had 50 housing problems noted. A second barrier to definite conclusions as to whether older people's health problems are most adequately met, in actual practice, in or out of their own homes is that there may well be a difference in standards of adequacy from agency to agency, but that is a matter of conjecture.

In 2 of the 221 cases in which health problems were met, they were being met through the misuse of facilities. In the first of these an older woman was being kept in Municipal Tuberculosis Sanitarium because it had not been possible to secure a place for her outside although she no longer needed such extensive care. In the second, a man who had been discharged from a state mental hospital, but who had active tuberculosis, was returned to the mental hospital tuberculosis ward because no bed was available for him elsewhere although he was no longer mentally ill.

Health Problems Not Met Adequately

There were 72 cases in which health needs were not being met. They included 27 private agency cases and 45 public. These point to the need for greater skill and effort and follow-up in interpreting health needs and

necessary treatment. They also indicate the need for supplementary personal services for ill older people. The great majority of these 72 people lived at home or with relatives. There were 11 in institutions, nursing, or boarding homes in which they received adequate medical care but did not receive the supplementary personal service they required. Two others received satisfactory general medical service but had not been able to secure a brace and dentures. One other person had been unable to obtain necessary dental care. The urgent need for better casework in dealing with older people's health problem is shown by the fact that among the 72 cases in which health problems were not met, 52 people or their families had refused the help offered by the agencies. There were 14 such instances among the private agency cases and 38 in the public.

In addition there were several cases in inappropriate living arrangements for which more adequate plans were pending but where the shortage of facilities at rates the individual or agency could pay was preventing carrying out the desired plan. Five of these needed better personal care and were waiting to get into a nursing home or a home for the aged; they were receiving adequate medical care. A sixth required nursing home care to obtain medical as well as personal service. For one case apparently needing better medical care and two cases requiring more personal service there was no notation as to what was happening to remedy these lacks.

Health Problems for Which the Solution Was Unknown or Doubtful

The adequacy with which health problems were met could not be determined in the records of 7 private and 90 public agency continued service cases. Among the public cases, there had been no reimbursement noted for medical care for the majority. A few received reimbursement for specific items such as eye glasses, hearing aids or dental care. Some suffering from chronic illnesses received payment for a short period of medical care but the records did not show whether additional care was needed or received. In certain cases, earlier records showed a variety of chronic ailments—arteriosclerosis, hypertension, arthritis, gallstones, and diabetes. Some of these people were bedridden and a few were having difficulty in finding a doctor who would give service at the rates approved by the agency.

There were also 34 subsidiary health problems in brief service cases for which care was unknown or doubtful. Many of these problems appeared to be of a serious nature. Agency action frequently appeared to fall short of desirable standards in many situations and workers often provided in-

formation for use in planning for the client to ministers, friends, and relations without any attempt to see the client in person.

Nursing and Boarding Home Care

Nursing and boarding home care was being received by 5 public and 39 private agency continued service cases. The small sample of public agency cases prohibits any generalization, but the private cases provide some suggestive information. Specifically they illustrate that public and private agency functions overlap in an expensive area of service, and that higher rates do not necessarily mean better service. In the 39 cases known to the private agencies, 13 were receiving public assistance. This covered the total cost in 2 cases and, in 2 more, was sufficient when added to the client's own resources. However, for 9 people, public and private agency funds were necessary to pay for care. In only 8 instances could the client or his relatives or friends meet the total cost of care independently. The expense of this kind of care is illustrated by the median cost, which fell in the $150 to $175 per month class. Private payments ranged from $22 to $255 a month and public payments from $69 to $156.

In spite of relatively high costs, care was reported as unsatisfactory in 17 out of the 44 cases. The disabilities of those not receiving adequate care were not significantly different from those whose care was reported as satisfactory. They included an alcoholic, 2 amputees, an arthritic, one cancer case, 6 cardiacs, 2 senile or mentally ill, one Parkinson's disease, 2 with sight or hearing defects, and 2 not diagnosed in the record. Those with satisfactory care included 7 cardiacs, 4 with defects of sight or hearing, 4 mentally ill or senile, and one each with arthritis, cancer, and arrested venereal disease. For 7, the disease or disability was not specified.

No practical definition of a nursing home has been unanimously agreed upon by the agencies and there is variation in agency opinions as to adequacy of service. Inadequacies described included unsatisfactory services in relation to bathing and hair washing, diet, and occupational and physical therapy. Needs for companionship and privacy were particularly urgent. Too many homes provide care for patients who are mentally ill or senile along with those who are mentally alert, which causes much emotional distress in the alert older patient.

Findings Relating to Housing Problems

The number of persons who needed help with housing and living arrangements was exceeded only by those who had financial or health

problems. Housing needs, however, were more difficult to meet. Only 30 percent of those who required new living arrangements had their needs adequately met, as compared with 51 percent of those with health problems and 71 percent of the clients for whom financial problems were noted. To some extent this reflects the general shortage of adequate housing at reasonable rates in the community. Nevertheless, the methods of solving the housing problems of the older people and the obstacles encountered in meeting the individual preferences of these people suggest the necessity for special consideration of the housing needs of older adults.

How Housing Problems Were Met

How did agencies manage to solve the housing problems these clients presented? And for what kinds of problems were they unable to find a satisfactory solution? Protected living arrangements provided the answer for most of the private agency cases. There was a significant difference in the proportion of public and private agency continued service cases who lived in sheltered, congregate arrangements, such as institutions, and nursing and boarding homes. Less than 10 percent of all the public agency cases were so situated as compared with more than half of all the people known to the private agencies.

Among all the private agency clients included in the study, three-quarters of the continued service cases and half of the brief service cases were reported as having housing problems. For a third of the cases in each group, housing was the primary problem. The principal method used by the private agencies to meet these housing needs was to secure or attempt to secure some form of congregate living arrangement—a home for the aged, a nursing home, or a boarding home. This was true in 42 of the 46 private agency cases in which the problem was adequately met. For 3 people, the solution was found in independent living arrangements and for one, by the agency's supplying a housekeeper so the client could stay at home. Protected housing was also the recommended solution in well over 50 percent of those cases in which the need was not met and those in which the solution was unknown. This cannot be entirely accounted for by the fact that more than a fourth of the sample from the Jewish Family and Community Service had been referred by homes for the aged for intake studies.

Clients did not always agree with the agencies' recommendations for congregate living arrangements. The reason most frequently given for a

difference in opinion was the client's preference for smaller, less formal housing, usually in his own neighborhood. Some older people could not adjust to institutional living; some desired more privacy; others appeared to need more individual attention and affection. Some could not bring themselves to give up their independence although they obviously required services or supervision. On the other hand, there were older people who found living alone too expensive, too strenuous, or too lonely. Some who lived with relatives found their homes too crowded, noisy, unpleasant, or culturally uncongenial.

Housing was less frequently noted as a problem in the public agency cases; and congregate care was less often the solution when housing problems were met. Difference in agency function, as well as difference in the method of securing information for the study, makes direct comparison dangerous. Except for the Salvation Army, the private agencies in the study all offer specific services to persons seeking various types of permanent housing arrangements; public agencies do not assume the same kind of responsibility. In the public agency cases, 29 of the 94 clients with housing problems found a solution. About half secured satisfactory apartments or rooms; a third lived with relatives; and only 6 were located in congregate arrangements (5 in homes for the aged and one in a nursing home).

Housing Problems That Were Not Met

Housing needs were not met for 53 private and 52 public agency clients. Along with lack of facilities, lack of agreement between clients and agencies about the kind of housing required contributed largely to the agencies' inability to solve housing problems. Many of these people were living in cramped, substandard quarters, but in spite of such conditions, a number of clients were satisfied with their homes or rejected surrendering privacy and independence. More of the public agency cases lived with members of their families but dissatisfaction with such arrangements was frequently expressed.

In some cases, the difficulties of securing adequate homes were increased by the special needs of those with certain disabilities, who needed first-floor rooms or some housekeeping help. The fact that the majority of those with housing problems had low, inflexible incomes aggravated the situation. What were the agencies trying to do for these people? The private agencies were usually looking for sheltered care. They were trying to get 22 into

homes for the aged and 23 into nursing, boarding, or foster family homes. For 3 they were seeking apartments. Most of the public agency cases were looking for better independent housing arrangements.

The difficulties faced by the agencies in those cases in which they attempted to secure other than congregate living arrangements point up the lack of housekeeping and other home services, foster homes, and other kinds of housing that combine needed service with privacy and independence.

Housing Problems for Which the Solution Was Unknown or Doubtful

For 67 of the 248 housing problems, the solution was unknown or of doubtful adequacy. The majority of these (50) were brief service cases. Agency action was most often referral to another community resource, although a few were given temporary shelter. Again, in a number of cases there was no indication of follow-up although circumstances appeared to suggest that it would be desirable. Undoubtedly, brief service clients frequently limit agency service to answering specific inquiries.

Findings Relating to Problems of Recreation and Companionship

How prevalent was the need for leisure-time activities among the cases included in this study? Of outstanding significance was the fact that in 51 percent of the records there was no notation at all about this aspect of the client's life. This raises a number of questions. Did the client limit the consideration of the worker to his other needs? Did the attitude of the worker or the agency tend to prohibit attention to intangible elements? Was this omission caused by lack of understanding of the value of leisure-time activities? Or might there be too little appreciation of the older person's potentialities to develop through new activities and new contacts? Did the lack of thoughtful attention to the leisure-time needs of older adults on the part of the education and recreation agencies of the community and the resulting lack of community facilities and programs make it seem a waste of time and energy to try to discover the needs of the client in this area of his life? At any rate, we had no information for 282 persons.

For 207 people, the records indicated that no additional activity was needed. They included three groups. There were 17 clients who were considered too ill for recreation or companionship, and 31 instances in which the client was considered to be too withdrawn. The third group, for whom activities and/or contacts with people were noted and were

regarded as sufficient, totaled 159. Among those regarded as too ill for recreation, a few had lost the use of practically all faculties, but others retained varying degrees of energy and ability. There were even some who could go out without help, were mentally alert, and had no defects of sight or hearing.

In the second group, individuals were noted as having withdrawn from activities or contacts with people without substituting any other activity, interest, or personal relationship. Sometimes this was due to the illness of the client or spouse, sometimes to lack money, lack of clothing, lack of dentures, or to a change in the neighborhood in which the client lived. In 11 per cent of the cases included in the study, records indicated a need for additional activity or companionship. Among these 63 older persons, 8 were homebound and 12 possessed only limited mobility.

How Agencies Met Problems of Recreation and Companionship

In 17 cases, agencies had been able to meet the problem through a variety of actions. To 4 who were homebound, agencies assigned friendly visitors or provided referral to a home for the aged which offered needed activities. Action on behalf of those who were able to get out only with help included assignment of friendly visitors, provision of a radio, encouraging friends to renew their interest, and encouraging relatives and a nursing home proprietor to make useful activity available. Needs of those who could go out were met by use of friendly visitors, referral to group programs, assisting families to plan activities, provision of clothes, occasional gifts of theater tickets, and encouraging client to renew church activities although he could not longer contribute financially.

Problems of Recreation and Companionship That Were Not Met

In the 36 cases in which the need was not met, a number of obstacles were encountered. One of the most important was the withdrawal of the client from association with others and his difficulty in establishing new relationships. This was evident in many different ways and had a variety of causes. It was apparent in the lives of women who had great difficulty in adjusting to the death of husbands, in the cases of single men living alone in transient quarters, in the solitary existence of some who expressed a dislike of groups, in persons whom the agencies thought would not mix well with people, and in the situation of others who were unhappy in new or changing neighborhoods.

A second obstacle was the lack of facilities and programs devoted to the needs and interests of the older person and accessible to him. There are still many areas of the city where it is impossible to find any group or activity to which older people may be referred with the expectation that they will be welcomed and made to feel wanted. The lack of funds, even for carfare as well as for entertaining friends or contributing to group life, was a third obstacle to the elimination of loneliness, isolation, and boredom. The last major handicap was certainly the lack of time and attention that the case worker was able to devote to consideration of this area of the client's life.

Recreation and Companionship Problems for Which the Solution Was Unknown or Doubtful

There were 10 cases with problems of leisure-time activities in which records did not reveal whether any solution had been reached. Agency action was noted in some of these but the ultimate result was not known.

Findings Relating to Employment Problems

There were 33 employment problems noted in the study group. These included people seeking assistance in finding work and those who required help in adjusting to inability to work because of illness or handicaps. A few were actually working but had job-connected problems. Agency action in relation to this group showed interest in rehabilitation and illustrated some of the difficulties involved in determining the employability of older clients.

Five of the employment problems were met. For 3, jobs were obtained and 2 were helped to make a satisfactory adjustment to inability to work. In 13 instances agencies were unable to meet the problem. Usually the client's skills were not marketable on a competitive basis. Age, physical frailty, and emotional distress were further liabilities. For 15 people, the adequacy of service could not be determined from the records.

It is not the function of the family agencies to act as employment services. As an alternative, a variety of other services was given these people. These comprised referral to employment agencies, referral to sheltered work programs, referral to public assistance, and counseling directed toward a realistic appraisal of the client's potentialities.

Earlier in this summary, we discussed the occupational levels of the study group. The duration of unemployment requires notice. For 177

people for whom the length of time since regular employment was known, 60 per cent had been unemployed for 10 years or longer. In the 65- to 69-year-old group two-thirds had been unemployed less than 5 years, and half of the 70- to 74-year-old group had been unemployed less than 10 years. The most startling figure was that for the 60- to 64-year-old group. More than half of these had been unemployed 10 years or longer.

Case records showed frequent deterioration of health and family relationships accompanying continuation of unemployment. The after-effects of the depression were abundant. Many had been forced to consider themselves too old to work by the time they were 50. Ten were in their 40's and 4 in their 50's when they last had regular jobs. Most of the women with work experience had been domestics, usually doing day work or laundry. In many cases, their work experience had started during the depression when their husbands were unemployed, or following the death or desertion of the husband.

Findings Relating to Problems of Personal Adjustment

For more than a third of all persons in the study, problems of family relationships and personal adjustment were apparent. They were noted in 169 of the 421 continued service cases and 21 of the brief service cases. It was impossible, within the scope of the study, to determine the adequacy with which such problems were met. Nevertheless, the kinds of situations recorded illustrated certain needs for casework among older adults, even though an accurate picture of the constituent elements of the problems was not obtainable. The evidence showed how problems of finances, health or housing in some instances created and in other instances resulted from personal problems that the older person could not handle alone.

The 21 problems in brief service cases showed differences in agency emphasis and program. Salvation Army clients in this group came primarily from men who were homeless and itinerant and had long-standing maladjustments to jobs and to people. On the other hand, most of the people seeking help through the United Charities' Central Service for Aged and Convalescents were persons from stable backgrounds. In 10 cases, problems of personal adjustment or family relations precipitated application to the private agencies. For 7 of these, continued service was provided, and 3 were given brief service. These were also listed as subsidiary problems in 58 additional private agency continued service cases, in 18 private agency brief service cases, and in 104 public agency cases.

What kinds of problems did we find in this classification? Three categories stood out. One of these consisted of problems of family relationships that had developed out of recent changes in the older person's situation. A second grouping included family problems in which the emotional tensions between parent and children were of long standing. The third category covered personal maladjustment to nonrelatives and to a variety of threatening situations.

In the first category, problems often emerged when the older person became financially dependent on his children. Sometimes illness made this dependency more difficult by requiring personal care that restricted children's normal activities. Medical expenses of the older person frequently strained family budgets and eliminated social activities. These stresses not only rose between the parent and child but often had a destructive effect on the relationship between the adult child and spouse. In a few cases, good relations were restored after public assistance was granted to the aged parent. Many times the whole family constellation was disturbed when the older parent moved in. Small living quarters further increased the likelihood of poor relationships.

When the relationships between parent and children had been strained for many years, illness and dependency created grievous burdens. Here we could see the resentment of children who had not received adequate care when they were young. Some such children seized the opportunity for retaliation, relegating the aged parent to the poorest living quarters, or shutting him off entirely from any social life. In some cases, there was no contact at all between child and parent, and the aged person lived as a single unattached individual. Emotional turmoil involved with feelings of guilt and rejection on both sides manifested itself not only in quarrels but occasionally in mental illness requiring institutional care for parent, child, or in-laws.

In the third category of personal adjustment problems, we found all of the basic emotional problems that exist on all age levels. In addition, there were a number of recurring situations that intensified the difficulties of adjusting to old age. One of the most common was inability to adjust to the death of a spouse or other companion of long standing. Other destructive situations involved retirement from work, dependency, decreased living standards, sickness, and unsatisfactory living arrangements. Gradual isolation of persons as friends died and activities decreased added to the sad total of personal maladjustments.

Findings Relating to Problems of Supplementary Services and Personal Care

These problems are almost inevitably associated with problems of health and housing. People in protected living arrangements are usually there because they have been unable to continue living independently. In the study group, 147 required supplementary services or personal care. They constituted 52 percent of the private continued service cases, 26 percent of the brief service cases, and 17 percent of the public agency cases. Our preceding comments in relation to health and housing have described the personal services needed for people in protected living arrangements, as well as some of the inadequacies of our present facilities.

Services needed by people in independent living arrangements varied in kind and in degree. Some required temporary nursing care. Some needed help with housework, with marketing, or with cooking. Elderly couples sometimes were managing with great difficulty to care for each other. Most of the services needed in the individual's own home were usually not available.

In private agencies, the solution to the need for personal care was most often met through congregate living, with a few cases in the homes of relatives. The situation was reversed in the public agencies, where fewer were in congregate living arrangements and more in the homes of relatives. In most instances, the care provided by the family was deemed adequate. For the large number of public agency cases that lived alone and needed personal care, there was occasional voluntary help from friends, neighbors, or relatives. The adequacy of this help is doubtful since it was usually not on a regular basis and depended on the interest of persons living near the client.

Findings Relating to Other Problems

In addition to the problems discussed above, there were 54 other problems noted—all in private agency cases. Twenty-six involved planning; 19, questions relating to lack of citizenship or nonresidence; and 9, a miscellany of other needs. Questions of nonresidence or lack of citizenship were generally adequately handled by providing information or referral.

The planning problem category included needs for over-all planning, supervision, or counseling for three types of applicants: (1) persons who were or had been mentally ill; (2) physically ill persons needing protective care; and (3) persons seeking information about community resources as an aid to planning for future changes in living arrangements.

For several mentally ill persons with some independent resources an agency was made conservator when they were paroled from state mental institutions. In addition to general planning as to health, housing, and finances, the agency also assisted these people in readjusting to the community. Some other cases, who were mentally ill, had never been institutionalized, but received needed supportive help to remain in the community.

A few people who were ill and who had adequate resources, but who had no relatives or friends to help them, turned to agencies for assistance in making and carrying out plans for care. Among the brief service cases in the planning category most involved requests from older people or their families about possible future living arrangements that were available in the community.

Conclusions Relating to the Nature of Problems and Their Disposition

What conclusions can we draw from this study?

The basic human needs for food, shelter, status, affection and activity continue throughout life, but among the 552 older people studied, the satisfaction of these needs was made more difficult by many factors, of which the most important were lack of money, loss of health, and shortage of suitable housing.

Needs were noted in terms of the problems they created. These problems were interrelated and interacting. (See Table 17.) One led to another and, in turn, was usually aggravated as additional problems developed. This interrelationship and interaction suggests that, whether we are trying to remedy the situation of one older person or the situation of all older people in the community, it will be most effective to utilize an over-all, co-ordinated approach.

The problems of older people are not limited to older people. Most of them affect other members of the family. These repercussions may take the form of disruption of normal activities, depletion of family budgets, creation of actual illness, or serious emotional disturbance.

Most older people desire to maintain as much independence and privacy as possible. The solutions of older people's problems afforded by the programs available to older people through the present community facilities in Metropolitan Chicago show that this desire for independence and privacy is not taken sufficiently into consideration.

In many cases, considerable ingenuity was shown in using a combination of community resources to meet the needs of older people. At the

TABLE 17. DISTRIBUTION OF PROBLEMS IN 552 CASES, BY PRIMARY PROBLEM[a]

PRIMARY PROBLEM CLASSIFICATION	ALL TYPES OF PROBLEMS NOTED											
	Total All Problems	Financial	Health	Housing	Family Rel. and Pers. Adjustment	Planning	Employment	Supp. Serv. and Pers. Care	Companionship and Recreation	Refugee	Nonresident	Other
Total	1,644	479	430	248	190	26	33	147	63	3	16	9
Financial:												
Public	862	307*	277	94	104	—	6	52	22	—	—	—
Private	164	56*	28	24	21	4	8	3	7	1	12	—
Housing	292	48	53	83*	26	4	2	49	26	—	1	—
Health	204	46	54*	32	22	2	2	39	4	2	1	—
Family Relations and Personal Adjustment	22	3	5	2	10*	—	1	—	1	—	—	—
Planning	38	4	6	5	4	16*	—	2	1	—	—	—
Employment	41	12	3	6	3	—	14*	—	1	—	2	—
Other	21	3	4	2	—	—	—	2	1	—	—	9*

[a] Excludes 3 no-service cases included in total agency count of continued service cases. * Primary problems.

same time, the necessity of turning to several different agencies may have decreased the possibility of constructive continuity of care.

There were a large number of problems that were not met because the client would not co-operate with the agency.

There were a large number of problems for which the solution was unknown or doubtful.

In brief service cases, workers frequently gave advice and information without talking to the older person involved.

Within the various problem categories, there was a high degree of similarity between the nature of the problems that were met and the nature of the problems that were not met.

There is lack of uniformity among the co-operating agencies with respect to budget standards and to definition of nursing homes. It would be desirable for these agencies co-operatively to seek to eliminate these differences.

The difficulties that agencies had in meeting the needs of older people showed that community resources are far from adequate in relation to all the problem categories in this study. This conclusion is no new discovery. It has been expressed time and time again by agency workers and by the Study Committee in the course of this research. It was also pointed out that, in many cases, agencies had to compromise on unsuitable solutions of problems because nothing else was available. Not only were other community facilities insufficient, but also it appeared that there was not sufficient staff in the co-operating agencies for work with older people. This tended to limit work on older people's problems beyond the most immediate and pressing ones of finances, health, and housing.

Questions Raised by the Study

Our purpose in this study was to discover the nature and extent of older people's needs and the problems created by them. It was not our intent to evaluate the adequacy of agency programs, or the quality of work. The material reviewed, however, inevitably inspired questions that are significant in relation to further improvement of community services for older people. We present these for the consideration of those concerned with this field of social service:

1. Do workers tend to confine their consideration to the immediate need or request of the older applicant, which usually involves a tangible problem, and to overlook less tangible and more basic difficulties requiring casework service?

2. Do workers sufficiently understand the significance of the older person in a family constellation?
3. In view of the number of clients who rejected agency services, do workers have sufficient skill in interpretation to older clients, and do they have sufficient understanding of the psychology of the older person?
4. In view of the many problems for which the solution was unknown or doubtful, is there satisfactory follow-up of cases? Is case recording adequate? Is interviewing sufficiently thorough?
5. In brief service cases, does the frequency with which workers give advice and information without talking to the older person involved indicate lack of staff time, insufficient comprehension or concern about the older person's problems, or a tendency to identify with other family members or friends in evaluating the older person's needs?
6. Does the similarity between problems met and unmet imply that in some cases the determining factor in reaching a solution is the amount of staff time available or the quality of work?

Recommendations

In the development of the plan of community services for older people in Metropolitan Chicago, the findings of this study were consulted many times. The recommendations contained in the plan are in several instances based largely on this material. In relation to this study, however, it is appropriate that recommendations should be less detailed, since many of the specific features of the recommendations in the plan were drawn from other sources of information and were influenced by certain practical considerations that do not have a place in this report.

On the basis of this review of 552 older people and their problems, we believe that improvement and expansion of service is required in the cooperating agencies and in a great range of other agencies in the community. We therefore make the following recommendations:

That Division I (the Division on Family and Child Welfare) establish a working section of representatives of the family agencies to see to it that staff development programs are established within the family agencies and to seek ways of extending casework and counseling to more older people.

That Division I continue to promote the improvement of health and casework programs in agencies offering protected living arrangements, and exert every effort to develop adequate living arrangements for older people

outside protected congregate care. Essential to this is the promotion of home services.

That Division I and Division II (the Health Division) jointly review the adequacy of medical social services for older people and also review the continuity of services between family agencies and institutions for the aged and health agencies.

That the boards of the private agencies offering casework and counseling for older people and the appropriate committees of the public family agencies review the implementation of their responsibilities in the light of the findings of this study.

Approved by the Board of Directors, Welfare Council of Metropolitan Chicago, April 18, 1951.

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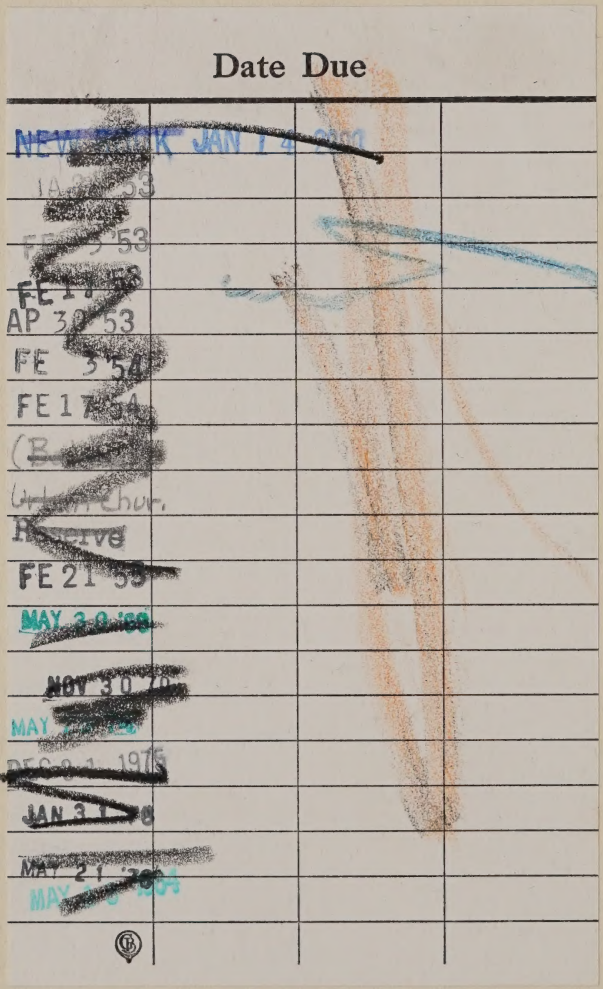
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